

**Equity and Diversity Monitoring Form**

Inclusion Scotland is committed to ensuring everyone has an equal chance to be involved in our work. This form helps us understand who we are reaching and identify any groups that may be under-represented so that we can take action.

* You do not need to give your name.
* Your answers are confidential and only used to improve inclusion.
* Please tick all boxes that apply or use the “Other” option to write your own answer.
* You can skip any question if you prefer**.**

**Age**

What is your age bracket?

19 or under

20 to 29

30 to 39

40 to 49

50 to 59

60 to 69

70+

Prefer not to say

**Disability**

**Do you have a disability, impairment, or long-term health condition that affects your day-to-day activities?**  
Please tick one:

☐ Yes

☐ No

☐ Prefer not to say

**If yes, please tell us your disability or health condition(s):**  
…………………………………………………………………………………

**Ethnicity**

What is your ethnicity?

This may be different to your nationality, place of birth or citizenship.

Asian or Asian British

Asian British

Bangladeshi

Chinese

Indian

Pakistani

Prefer not to say

Other Asian background, please say what……………………………

Black, African, Caribbean or Black British

African

Black British

Caribbean

Prefer not to say

Other Black, African or Caribbean background, please say what:………….

Mixed or Multiple ethnic groups

Asian and White

Black African and White

Black Caribbean and White

Prefer not to say

Other Mixed or Multiple ethnic group, please say what: ...........................................

White

English

Gypsy Irish Traveller or Showman

Irish

Northern Irish

Scottish

Welsh

Other European

Prefer not to say

Other White background, please say what:…………………..

Another ethnic group

Arab

Prefer not to say

Other ethnic group, please say what:………………………………

**Religion or belief**

What is your religion or belief?

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Humanist

Agnostic

Prefer not to say

Other religion or belief, please say which:……………………………………

**Sex**

What is your gender?

Female

Male

Prefer not to say

☐ Prefer to self-describe, please say how: …………………………

**Gender reassignment**

Is the gender you identify with the same as your sex recorded at birth?

Yes

No

Prefer not to say

**Sexual orientation**

What is your sexual orientation?

Asexual

Bisexual

Gay

Heterosexual

Lesbian

Pansexual

Questioning

Prefer not to say

Prefer to self-describe, please say how…………………………………

**Barriers to Access**

**Do you experience any barriers that make daily life difficult or prevent you from doing everything you want to do?**

Please tick all that apply:

☐ Lack of awareness or understanding of inclusive practice by others

☐ Communication is not provided in a format that I can use (e.g. no BSL, subtitles, Easy Read formats, or compatibility with speech reading software)

☐ Physical access issues in spaces and places (e.g. no level access, lifts, clear signage, or visual alarms, transport)

☐ Negative attitudes or assumptions made by others (e.g. staff or service providers)

☐ Limited personal skills or lack of accessible ways to use digital technology (e.g. difficulty completing online forms)

☐ Other please describe other barriers (e.g. systemic barriers, intersectional barriers, costs, legal)

………………………………………………………………………………..

**Caring responsibilities**

Are you a primary carer for someone who needs support due to age, disability, or health condition?  
Please select one:

☐ Yes

☐ No

**Area you live**

Please select the option that best describes your area:

☐ Large Urban Area (e.g. Glasgow, Edinburgh)

☐ Other Urban Area (e.g. Perth, Inverness, Dundee)

☐ Small Town

☐ Rural Area

☐ Island Community

Thank you for completing this form. If there is anything else you think we should be monitoring for equality and diversity please feel free to suggest this below: