# Equal Opportunities Monitoring Form

Please complete this form for the purposes of equal opportunities monitoring.

**The information you provide on this form will be treated as strictly confidential and will not be made available to any person involved with the selection process.**

**Deafblind Scotland is committed to recruiting, retaining and developing a workforce that reflects at all grades the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can ensure that our HR processes are fair and transparent.**

We would like you to answer as many questions as possible. However, if there are questions that you would rather not answer please simply move on to the next question.

The information we gather on these forms helps us put into action our equal opportunities policy and helps us monitor that there is no discrimination against applicants or employees.

## Monitoring Form Information - Please double click and check the appropriate boxes.

**1. Gender Identity:** Are you: **2. Marital Status:** Are you

Male  Married/Civil Partnership

Female  Neither

Other  …………………………… I prefer not to answer this question

I prefer not to answer this question

**3. Disability:** **4. Caring Responsibilities:**

Do you consider yourself disabled? Are you responsible for dependants?

Yes  Yes

No  No

I prefer not to answer this question  I prefer not to answer this question

**5. Transgender Status:**

Do you consider yourself or have you ever considered yourself to be transgender?

Yes

No

I prefer not to answer this question

**6. Religion:** Which of the following religions, religious denominations or bodies do you currently belong to:

None  Jewish

Church of Scotland  Muslim

Roman Catholic  Sikh

Other Christian  Buddhist

please specify…………………… Hindu

Other religion  I prefer not to answer this question

please specify……………………

**7. Sexual Orientation**: Are you:

Heterosexual  Lesbian

Bisexual  I prefer not to answer this question

Gay  Other

**8. Age:** Are you:

Under 21

21-30

31-40

41-50

51-60

60+

I prefer not to answer this question

**9. Ethnic Origin:**

What is your ethnic group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background**.**

**A. White**

Scottish

Other British

Irish

Any other white background, please specify………………………………………………

## B. Mixed

Any mixed background, please specify……………………………………………………

## C. Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, please specify……………………………………………

**D. Black, Black Scottish or Black British**  
 Caribbean

African

Any other black background, please specify………………………………………………

**E. Other Ethnic Background**

Any other background, please specify……………………………………………………

**F**.  I prefer not to answer this question

**Date:** ……………………………………………………………

This form is also available in large print, Braille, moon or CD. Please contact [hr@dbscotland.org.uk](mailto:hr@dbscotland.org.uk) if you require alternative format.