# 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 if you require alternative format.