

Diversity & Equal Opportunities Monitoring Form

To help us monitor our Equal Opportunities Policy please answer the following questions. **You are under no obligation to answer any of the questions.**

All information will be treated in the strictest confidence, in line with requirement of Data Protection Act 1998, and will not affect your application.

Gender: Female Male Transgender

Ethnic origin: Please choose **ONE** section from A to E, then tick the appropriate box to indicate your cultural background:

A White

- Scottish
- English
- Welsh
- Irish
- Polish
- Gypsy Traveller
- Other white

B Mixed

- Any mixed background

C Asian or Asian Scottish/British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian

D Black or Black Scottish/British

- Caribbean
- African
- Other Black

E Other Ethnic Group

- Arab, Arab/Scottish British
- Prefer not to say

Any other ethnic group: (please state) _____

Disability: Do you consider yourself to have a disability? By this we mean a condition which has a Long term and substantial effect on your ability to carry out normal day to day activities.

- Yes No

If yes, is it

Physical Mental Ill Health Learning Disability

Visual Impairment Hearing Impairment Other - please specify

Age: Please indicate your age group:

- 16 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 and over

Sexual Orientation:

- Bi-sexual Gay/Lesbian Heterosexual/Straight Prefer not to say

Religion: I would describe my religious background/belief as: _____

- None I prefer not to say