

ARTICLE 12 IN SCOTLAND

Equal Opportunity Monitoring Form – Strictly Confidential

We are committed to eliminating discrimination from recruitment and selection practices. We will take steps to ensure that candidates are recruited, trained and promoted on the basis of ability and the requirements of the position. To monitor this policy we would invite you to provide the following information, which would be used for this purpose and will form no part of the interview process*. All information will be treated in strict confidence. This form will be detached from your application form on receipt and will be stored separately. This information will be used for Equal Opportunities monitoring and statistical analysis only.

Please complete in **BLOCK** capitals

NAME OF
CANDIDATE

Please tick appropriate box.

1. GENDER

Are you Male or Female?

Male

Female

2. GENDER IDENTITY

Have you ever identified as a transgender person?

Equality Organisations in Scotland use the term 'transgender' as an inclusive umbrella term for a diverse range of people who find their gender identity or gender expression differs in some way from the gender they were originally assigned at birth.

Yes

No

Prefer not to answer the question

3. AGE

What is your Age?

I am _____ years old and my Date of Birth is _____ (dd/mm/yyyy) *Prefer not to answer the question*

4. DISABILITY

Do you consider yourself disabled as defined by the Disability Discrimination Act?

Yes

No

If yes, are your day to day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months? (Including problems related to old age)

Yes, limited a lot

Yes, limited a little

No

Prefer not to answer the question

If yes, do you have any of the following?

Deafness or severe hearing impairment

Blindness or severe hearing impairment

A physical disability

A learning disability

Dyslexia, Dyspraxia or Dyscalculia

A mental health condition

A long term illness

Other

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5. NATIONALITY

What is your nationality?

Prefer not to answer the question

6. ETHNIC ORIGIN

What is your ethnic group?

(Choose ONE section from A to E, then X one box which best describes your ethnic group or background).

A. White

- Scottish English Welsh Northern Irish British Irish
 Gypsy/Traveller Polish Any other White ethnic group

B. Mixed

- Any mixed background

C. Asian, Asian Scottish, Asian British

- Pakistani, Pakistani Scottish or Pakistani British
 Indian, Indian Scottish or Indian British
 Chinese, Chinese Scottish or Chinese British
 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
 Any other Asian ethnic group

D. African, Caribbean or Black

- Caribbean, Caribbean Scottish or Caribbean British
 African, African Scottish or African British
 Black, Black Scottish or Black British
 Any other Black ethnic group

E. Other ethnic background

- Arab Other ethnic group

Prefer not to answer the question

7. RELIGION OR BELIEF

Which religion, religious denomination or body do you belong to?

- Church of Scotland Roman Catholic Other Christian Hindu Sikh
 Jewish Buddhist Muslim Pagan None
 Another religion

Prefer not to answer the question

8. SEXUAL ORIENTATION

- Bisexual Gay man Gay woman/lesbian Heterosexual Other

Prefer not to answer the question

9. CAREGIVING RESPONSIBILITY

Are you responsible for the day to day care outside work of any of the following? (tick all that apply)

- A child or young person A sick or disabled person An older person
 Other (please specify) No/none of the above

Prefer not to answer the question