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| --- | --- |
| **=.**  **Edinburgh & Lothians**  **Regional Equality Council** | Equal Opportunities Monitoring Form |
| **About this form**  Edinburgh and Lothians Regional Equality Council is an equal opportunities organisation.  The information requested below is for **monitoring** purposes only. Completion of the form is **optional**, but the information will help and improve our equal opportunities policy.  This information will be held confidentially and separately to your application, and will NOT be available to those involved in the short listing process.  To fill it in please mark the relevant boxes, and if space is provided to write an answer, please write clearly in BLOCK capitals. **Feel free to leave any question that you do not wish to answer.** | |

**AGE**

☐ 16-20 ☐ 21-25 ☐ 26-30 ☐ 31-35 ☐ 36 - 40 ☐ 41- 45 ☐ 46 - 50

☐ 51- 55 ☐ 56 - 60 ☐ 61- 65 ☐ 66 - 70 ☐ 71- 75 ☐ 76 - 80 ☐ 80+

**DISABILITY**

**Do you consider yourself to have a disability?**

*Definition of disability: A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities. (Equalities Act 2010)*

☐ Yes ☐ No

Please specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other information you would like to disclose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER**

**How would you describe your gender identity?**

☐ Woman ☐ Man

☐ Other gender identity

If ‘Other’, please specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your gender identity different to the gender you were assigned at birth?**

☐ Yes ☐ No

Any other information you would like to disclose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEXUAL ORIENTATION**

**How would you describe your sexual orientation?**

☐ Asexual ☐ Bisexual ☐ Gay ☐ Lesbian

☐ Heterosexual/Straight ☐ Pansexual ☐ Queer ☐ Questioning

☐ Other Sexual Orientation

If ‘Other’, please specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please continue on the next page

**ETHNICITY (as defined by Scotland’s 2011 Census)**

Chose **ONE** section from A to E, then tick **ONE** box which **best describes** your ethnic group or background

**A) White**

☐ Scottish ☐ English ☐ Welsh ☐ Northern Irish ☐British

☐ Irish ☐ Gypsy/Traveller ☐ Polish ☐ Spanish ☐ Other

If other please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B) Any mixed or multiple ethic groups**

☐ Please tick and write in:­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C) Asian, Asian Scottish or Asian British**

☐ Pakistani, Pakistani Scottish or Pakistani British

☐ Indian, Indian Scottish or Indian British

☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British

☐ Chinese, Chinese Scottish or Chinese British

☐ Other: please tick and write in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D) African, Caribbean or Black**

☐ African, African Scottish or African British

☐ Caribbean, Caribbean Scottish or Caribbean British

☐ Black, Black Scottish or Black British

☐ Other: please tick and write in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E) Other ethnic group**

☐ Arab

☐ Other: please tick and write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT IS YOUR RELIGION (IF ANY)?**

☐ None ☐ Buddhist ☐ Church of Scotland ☐ Christian (other)

☐ Hindu ☐ Humanist ☐ Jewish ☐ Muslim

☐ Pagan ☐ Roman Catholic ☐ Sikh ☐ Other

If ‘Other’, please specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE STATE YOUR EMPLOYMENT STATUS:**

☐ Employed ☐ Self Employed ☐ Student

☐ Unemployed ☐ Retired ☐ Look after home or family

Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT IS YOUR MARITAL STATUS?**

☐ Married ☐ Divorced ☐ Widowed ☐ Single

☐ Living with someone ☐ Civil Partnership ☐ Separated

**IF YOU HAVE CARING RESPONSIBILTIES, IS IT FOR:**

☐ Children ☐ Adults ☐ Elderly