# Equalities Monitoring Form

**Why complete this form?**

We want those appointed to work at ILF Scotland to reflect the diverse Scottish population thus it is important that opportunities are open to all. To help us achieve this, it is important that we obtain accurate and complete data from every applicant relating to gender, ethnicity, religion/faith, disability and other relevant details. However, it is your choice and entirely optional as to whether you complete this form.

NB. No member of recruitment panels will receive this form.

**For each question on this form, you should only select one box (except for question 4 which requires you to select any that apply to you)**

**Question 1 – What is your gender?**

Male

Female

Intersex

Non-binary

Prefer not to say

If you prefer to use your own term, please specify here……………………….

**Question 2 – What is your year of birth? (Please enter in the format xxxx e.g. 1963)**

Please write in:

Prefer not to say

**Question 3 – What is your ethnic group?**

Please choose **ONE** section from A to F which best describes your ethnic group or background, then select **ONE** box from within that section.

**A White**

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Other white ethnic group, please write in:

**B Mixed or multiple ethnic groups**

Any mixed or multiple ethnic groups, please 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 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 write in:

**E Other ethnic group**

Arab, Arab Scottish or Arab British

Other, please write in:

**F Prefer not to say**

Prefer not to say

**Question 4** -The Equality Act 2010 protects disabled people. The Equality Act defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day-to-day activities.

**Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?**

**⧫ Please select all that apply**

Deafness or severe hearing impairment

Visual impairment

A physical disability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)

A learning disability (such as Down’s syndrome)

A learning difficulty (such as dyslexia or dyspraxia)

A mental health condition (such as depression or schizophrenia)

A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy)

Other condition, please write in:

No

Prefer not to say

**Question 5 - What religion, religious denomination or body to you belong to?**

None

Church of Scotland

Roman Catholic

Other Christian, please write in: Church of Scotland

Muslim

Buddhist

Sikh

Jewish

Hindu

Another religion, please write in:

No Religion

Prefer not to say

**Question 6 – How would you describe your sexual orientation**

Bi-sexual

Gay man

Gay woman / lesbian

Heterosexual / straight

Other

Prefer not to say

**Question 7 - What best describes your current employment status?**

**⧫ Please select the one that best applies**

Working as an employee

Up to 30 hours  30 + hours

Self-employed or freelance

Retired (whether receiving a pension or not)

Full Time Student

Looking after home or family full time

Long term sick or disabled

Doing any other kind of paid work. Please specify if you wish:

None of the above. Please specify if you wish:

Prefer not to say

**Question 8 - Which sector do you currently work in - (or have most recently worked in if currently not in paid employment?**

Public

Private

Voluntary

Other, please write in:

Prefer not to say

**Question 9 - Where do you live?**

Is your permanent address in Northern Ireland?

Yes

No

Prefer not to say

**If yes, please let us know the name of your local council** (e.g. Belfast City, Derry and Strabane council etc).

Local council name, please write in*:*

**Question 10 - Advertising and Publicity**

**To allow us to manage our advertising and publicity campaigns effectively in the future, please tell us where you first heard about this vacancy**

Other Website, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event; please state which event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Press; please state which publication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Online Job Board; please state which job board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other, please specify:

Prefer not to say