**EQUALITY AND DIVERSITY MONITORING FORM**

The Scottish Human Rights Commission wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The Commission needs your help and co-operation to enable it to do this, however filling in this form is voluntary.

We would be grateful if you would complete this form and return it to us **separately** from the main application form. **It will be detached from the rest of your application before short listing** and will not be seen by members of the selection panel. This form is based on Acas (Advisory, Conciliation and Arbritation Service) guidance.

**What is your gender? Please tick or highlight your answer**

* I identify as a man
* I identify as a woman
* I identify as intersex
* I identify as non-binary
* I prefer to use my own term (…………………………………………)
* I would prefer not to say

**Are you married or in a civil partnership?**

* Yes
* No
* I would prefer not to say

**Please tick or highlight the category which includes your age:**

16-24 25-29 30-34 35-39

40-44 45-49 50-54 55-59

60-64 65+ Prefer not to say

**Do you consider yourself to have a disability or health condition?:**

* Yes
* No
* I would prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ then please contact the Commission to discuss.

**What do you consider your sexual orientation to be?:**

* Heterosexual
* Gay
* Lesbian
* Bisexual
* Other
* I would prefer not to say
* I prefer to use my own term (…………………………………………)

**How would you describe your ethnic background?**

**White**

* Scottish
* English
* Welsh
* Northern Irish
* British
* Irish
* Gypsy/Traveller
* Prefer not to say
* Other White background (………………………….)

**Mixed Race or Multiple Ethnic Group**

* White and Black Caribbean
* White and Black African
* White and Asian
* Prefer not to say
* Other mixed background (………………………….)

**Other Ethnic Group**

* Arab
* Prefer not to say
* Other ethnic group (……………………….)

**Black/African/Caribbean/ Black British**

* African
* Caribbean
* Prefer not to say
* Other Black/African/Caribbean background (………………)

**Asian/ Asian British**

* Indian
* Pakistani
* Bangladeshi
* Chinese
* Prefer not to say
* Other Asian background (………………………….)

**What do you consider to be your religion, faith or belief, if any:**

* No religion or belief
* Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
* Prefer not to say
* Other religion/belief (……………………………….)

**What is your current working pattern?**

* Full-time
* Part-time
* Prefer not to say

**Do you have caring responsibilities? If yes, please tick all that apply**

* None
* Primary carer of a child/children (under 18)
* Primary carer of disabled child/children
* Primary carer of disabled adult (18 and over)
* Primary carer of older person
* Secondary carer (another person carries out the main caring role)
* Prefer not to say

Thank you for completing this form.