



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 the requirements of data protection legislation.

Gender: Female Male Trans Gender

Ethnic Origin: Please choose ONE section from A to E then tick the appropriate box to indicate your cultural background.

- | | | | |
|--|---|--|--|
| A White | B Mixed | C Asian or Asian
Scottish/British | D Black or Black
Scottish/British |
| <input type="checkbox"/> English | <input type="checkbox"/> any mixed background | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Scottish | | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African |
| <input type="checkbox"/> Welsh | | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> other black |
| <input type="checkbox"/> Irish | | <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> Polish | | <input type="checkbox"/> Other Asian | |
| <input type="checkbox"/> Gypsy Traveller | | | |
| <input type="checkbox"/> Other white | | | |

E Other ethnic group
 Arab, Arab Scottish/British Prefer not to say

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 Prefer not to say