

**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 D Black or Black**

**Scottish/British Scottish/British**

□ English □ any mixed □ Indian □ Caribbean

□ Scottish background □ Pakistani □ African

□ Welsh □ Bangladeshi □ other black

□ Irish □ Chinese

□ Polish □ Other Asian

□ Gypsy Traveller

□ 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

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**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