PLEASE NOTE THAT THIS FORM IS ALWAYS REMOVED PRIOR TO SHORTLISTING

Where did you see this vacancy advertised? ……………………………..

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| **DIVERSITY MONITORING**  SCRA is committed to embedding a culture of equality and diversity into our organisation and ensuring that all employees are treated fairly, without discrimination because of age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other factor. The following equal opportunities monitoring questions are intended to assist SCRA in maintaining equal opportunities best practice and in identifying barriers to workforce equality and diversity. This work is being carried out as part of our responsibilities under the Equality Act 2010.  **The information on this form will be used for monitoring purposes only. All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring/responses will be.**  All information supplied will be non-attributable, completely anonymous and will be treated in the strictest confidence, in line with data protection law and as outlined in our Recruitment Privacy Statement. Details on what we use it for can be found on our website: [Privacy-Notice-April-2023-SCRA-job-applicants.pdf](https://www.scra.gov.uk/wp-content/uploads/2023/04/Privacy-Notice-April-2023-SCRA-job-applicants.pdf)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Age** | * Under 24 * 24-34 * 35-44 * 45-54 | | * 55-64 * 65 or above * Prefer not to say | | | **What do you consider your national identity to be?** | | * Scottish * English * Welsh * Irish | | * British * Other * Prefer not to say | | **Marital Status**   * Married/civil partnership * Partnership * Separated/divorced | | | | * Single * Widowed * Prefer not to say | | | | |
|  | | | |
| **What is your ethnic group?**  **A White**   * Scottish   🞎 English  🞎 Welsh   * Irish   🞎 Any other White background. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_  **B Mixed**   * Any Mixed or multiple ethnic group background. Please specify:\_\_\_\_\_\_\_\_\_ \_   **C Asian, Asian Scottish or Asian British**  🞎 Indian, Indian Scottish or Indian British   * Pakistani, Pakistani Scottish or Pakistani British * Bangladeshi, Bangladeshi Scottish or Bangladeshi British * Chinese, Chinese Scottish or Chinese British * Any other Asian background. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **D African**  🞎 African, African Scottish or African British   * Any other African background. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **E Caribbean or Black**  🞎 Caribbean, Caribbean Scottish or Caribbean British   * Black, Black Scottish or Black British * Any other Caribbean or Black background. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **F Other ethnic group**  🞎 Please specify. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * **Prefer not to say** | |
| **Which religion, religious denomination or belief do you belong to?**   * Buddhist * Church of Scotland * Hindu * Jewish * Muslim | * No Religion/belief * Other Christian * Other Religion or Belief * Roman Catholic * Sikh * Prefer not to say |
| **If other, please state:** | |

|  |  |
| --- | --- |
| The Equality Act 2010 defines disability in the following way: "A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities" | |
| **Having read the above, do you consider yourself to have a disability?** | * Yes * No * Prefer not to say |
| **Does this have an adverse effect on your day-to-day activities?** | * Yes * No |
| **The following category(ies) best describes the nature of the health condition/disability:**   * Blindness or partial sight loss * Deafness or partial hearing loss * Developmental disorder * Learning difficulty | * Learning disability * Long term illness, disease or condition * Mental health condition * Physical disability * Other condition * Prefer not to say |
| **If other, please state** | |  |
| **Please describe your gender identity:**   * Male (including female-to-male trans men) * Female (including male-to-female trans women) * Non-binary * Prefer not to say | |  |
| **Have you ever identified as a transgender or trans person?**   * Yes * No * Prefer not to say | |  |
| **Which of the following options best describes how you think of yourself?**   * Bi-sexual * Gay/lesbian | * Heterosexual/straight * Other * Prefer not to say |  |

Thank you for your co-operation - UNISON and SCRA’s Equality Network.