Logo, company name

Description automatically generated

**CONFIDENTIAL**

**Who Cares? Scotland**

**Equality Monitoring Form**

We recognise that the diversity of everyone who works at Who Cares? Scotland enriches the work experience for all. No applicant will be treated more or less favourably on the grounds of their care background, age, disability, gender, gender reassignment status, race, religion or belief, sexual orientation, marital or civil partnership status or pregnancy/maternity status.

The information that you provide will help us to monitor the diversity profile of our workforce and the effectiveness of our equalities policy. We ask that you complete this form and return it with your application form. The information you provide will be treated as confidential, kept separate from your application form, will not be used for selection purposes and used for monitoring purposes only.

*Please choose an option from each of the sections below and cross (X) the appropriate box. Thank you for your assistance.*

1. Do you have a background of Care Experience? i.e. did you grow up, or have you ever been in, foster care, residential care, kinship care or been looked after at home?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |
| If yes, please describe if you feel comfortable doing so |  |

1. How do you describe your gender?

|  |  |
| --- | --- |
| **Female** |  |
| **Male** |  |
| **Non-binary** |  |
| **Prefer not to say** |  |
| **Other:** please describe if you feel comfortable doing so |  |

1. What is your date of birth?

|  |  |
| --- | --- |
| **Date of Birth** |  |
| **Prefer not to say** |  |

1. Gender reassignment

|  |  |
| --- | --- |
| **DOES YOUR GENDER DIFFER FROM THE SEX YOU WERE ASSIGNED AT BIRTH** | |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |

1. Do you consider yourself to have a disability?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |
| **IF YES, PLEASE PROVIDE FURTHER DETAILS IF YOU FEEL COMFORTABLE DOING SO** | |
| **Deafness or partial hearing loss** |  |
| **Blindness or partial sight loss** |  |
| **Learning disability (e.g. Down’s Syndrome)** |  |
| **Learning difficulty (e.g. Dyslexia)** |  |
| **Developmental disorder (e.g. Autistic Spectrum Disorder or Asperger’s Syndrome)** |  |
| **Physical Disability** |  |
| **Debilitating mental health condition** |  |
| **Long-term illness, disease or condition** |  |
| **Other:** please describe |  |

1. How do you describe your ethnicity?

|  |  |
| --- | --- |
| **WHITE** | |
| **Scottish** |  |
| **English** |  |
| **Irish** |  |
| **Northern Irish** |  |
| **Welsh** |  |
| **British** |  |
| **Polish** |  |
| **Other:** please describe |  |
|  |  |
| **MIXED OR MULTIPLE ETHNIC GROUPS:** | |
| Please describe if you feel comfortable doing so |  |
| **ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH:** | |
| **Bangladeshi, Bangladeshi Scottish or Bangladeshi British** |  |
| **Chinese, Chinese Scottish or Chinese British** |  |
| **Indian, Indian Scottish or Indian British** |  |
| **Pakistani, Pakistani Scottish or Pakistani British** |  |
| **Other:** please describe if you feel comfortable doing so |  |
| **BLACK, BLACK SCOTTISH OR BLACK BRITISH:** | |
| **African, African Scottish, African British** |  |
| **Black, Black Scottish, Black British** |  |
| **Caribbean, Caribbean Scottish, Caribbean British** |  |
| **Other:** please describe if you feel comfortable doing so |  |
| **OTHER ETHNIC GROUP:** | |
| **Please describe** |  |

1. How do you describe your religion or belief?

|  |  |
| --- | --- |
| **Church of Scotland** |  |
| **Roman Catholic** |  |
| **Christian (other)** |  |
| **Buddhist** |  |
| **Hindu** |  |
| **Jewish** |  |
| **Muslim** |  |
| **Pagan** |  |
| **Sikh** |  |
| **Another religion or belief** (please describe) |  |
| **Prefer not to say** |  |

1. What is your marital status?

|  |  |
| --- | --- |
| **Single** |  |
| **Co-habiting** |  |
| **Married or in a civil partnership** |  |
| **Widowed** |  |
| **Other:** please describe if you feel comfortable doing so |  |
| **Prefer not to say** |  |
|  |  |

1. How do you describe your sexuality?

|  |  |
| --- | --- |
| **Heterosexual (Straight)** |  |
| **Asexual** |  |
| **Bisexual** |  |
| **Gay** |  |
| **Lesbian** |  |
| **Other:** please describe if you feel comfortable doing so |  |
| **Prefer not to say** |  |

1. What is your pregnancy/maternity status?

|  |  |
| --- | --- |
| **Are you pregnant or have you had a baby in the last 12 months?** | |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |
| **NOT APPLICABLE** |  |

1. Do you speak English as a first language?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **If no, please detail your first language(s):** |  |