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| EQUALITY MONITORING DATA COLLECTION  PRIVATE & CONFIDENTIAL |
| Scotland Excel has a legal duty under Public Sector Equality Duty in Scotland to collect your equality information which helps it to ensure that its policies, employment practices and services are fair, reasonable and meet **your** needs. To allow Scotland Excel to consider **YOUR** particular equality needs, **please answer every question and tick the relevant box/boxes**. In accordance with the Data Protection Act 1998, the information you give us will only be used for the purposes of updating your personal records, equality monitoring and reporting. **Please be assured that YOU cannot be identified in any published reports**, **and YOUR details will not be passed to any other organisation and will not be used for any other purpose.** |
| 1. **Please complete** |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No. (From payslip) \_\_\_\_\_\_\_\_\_\_\_\_  Dept/Service:­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **2. How would you describe your gender?** |
| Female  Male  Prefer not to answer |
| **Is your present gender the same as the one assigned to you at birth?**  Yes  No  Prefer not to answer |
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| **3. What is your legal marital status?** |
| Single  Married  Civil Partnership  Living with partner  Divorced  Separated  Widowed  Prefer not to answer |
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| **4. What is your date of birth?** |
| Date \_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ Prefer not to answer |
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| **5. Do you have caring responsibilities?** |
| Yes (children under 18)  Yes (other)  No  Prefer not to answer |
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| **6. What is your religion or belief?** |
| Buddhist  Church of Scotland  Hindu  Humanist  Jewish  Muslim    None  Other Christian  Sikh  Pagan  Roman Catholic        Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to answer |
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| **7. Which of the following options best describes how you think of yourself?** |
| Bisexual  Gay  Heterosexual/Straight  Lesbian  Prefer not to answer |
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| **8. What is your national identity?** | |
| Scottish  English  Welsh  Northern Irish  British    Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to answer | |
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| **9. What is your ethnic group?**  ***(Choose one section from A-G to indicate your ethnic group. Choose H if you prefer not to answer)*** | |
| A. White Scottish  Other British  Irish  Gypsy/Traveller  Eastern European (e.g. Polish) B. Mixed or Multiple Ethnic Groups Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **C. Asian, Asian Scottish or Asian British**  Pakistani, Pakistani Scottish or Pakistani British  Indian, Indian Scottish or Indian British  Bangladeshi, Bangladeshi Scottish or  Bangladeshi British  Chinese, Chinese Scottish or Chinese British | D. African African, African Scottish or African British  **E. Caribbean or Black**  Caribbean, Caribbean Scottish or Caribbean  British  Black, Black Scottish or Black British F. Arab Arab, Arab Scottish, Arab British G. Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_H. Prefer not to answer |
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| **10. Do you consider yourself to have a disability?**  (The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day tasks.) | |
| Yes  No  Prefer not to answer  **If yes to the above question, tick all that apply to you.**   |  |  | | --- | --- | | 1. **Learning Disability**   (Such as Down’s Syndrome or Dyslexia) | **D. Physical Impairment**  (Such as mobility issues or cognitive impairment  e.g. autism or head injury) | | 1. **Long standing illness or health condition**   (Such as Cancer, HIV, Diabetes, Chronic Heart  Disease or Epilepsy) | | **E. Sensory Impairment**  (Such as being Blind/having a visual impairment  or being Deaf/having a hearing impairment) | | 1. **Mental health condition**   (Such as Depression or Schizophrenia) | **F. Other**  (Such as disfigurement) | | **G. Prefer not to answer** | | |
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| **11. Are you currently pregnant or on maternity leave?** | |
| Pregnant  On maternity leave  Neither  Prefer not to answer | |
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| **12. Data Protection Act** | |
| In terms of the Data Protection Act 1998, I consent to the information which I have provided being processed to monitor the effectiveness of Scotland Excel’s Equality and Diversity Policy. I understand that this information will be held on manual or electronic records.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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