**APPLICATION FOR EMPLOYMENT WITH LIFELINK – PART E**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EQUALITY MONITORING FORM** | | | | | | | | **PART E** |
| **Name** | | | | |  | | | |
| **Role** | | | | |  | | | |
| **Equal Opportunities Monitoring** | | | | | | | | |
| We want to ensure that we are an accessible organisation. Therefore in line with the Equality Act 2010 this form asks you for your ethnic origin, sex, gender re-assignment, disability, religion and beliefs, sexual orientation and age. This will also aid the organisation in the completion of our Equality Impact assessment action plan. **The information you provide in this form is confidential.** | | | | | | | | |
|  |  | | | | | | | |
|  | | | | | | | | |
| **1)** **Sex/Gender:** | | | | | | | | |
|  |  | | | | | | | |
| Female  Transgender | Male  Prefer not to say  Trans person | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **2)** **What is your age?** | | | |  | | | | |
|  | | | | | | | | |
| I am       years old, and my date of birth is: | | | | | | | | |
|  | | | | | | | | |
| **3)** **Do you have a physical or mental health condition or disability that:** | | | | | | | | |
|  | | | | | | | | |
| * has a substantial effect on your ability to carry out day to day activities? * has lasted or is expected to last 12 months or more? | | | | | | | | |
|  | |  | |  | | | | |
| Yes | | No | | Prefer not to say | | | | |
|  | | | | | | | | |
| * If you answered **‘yes’** please tick if it is either of the following: | | | | | | | | |
|  | | | | | | | | |
| Learning Disability  Long term illness  Mental health condition  Disabled Children (under 19 years) | | |  | | | Physical impairment  Visual impairment  Hearing impairment |  | |
| Other  (please describe): | | | | | | | | |
| * Again, if **yes**, please describe any particular arrangements you would need for your work location: | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4) What is your ethnic group?** | | | | | | | | | | | | | | | | | | | |
| Choose **one** section from A to F, then **tick** the appropriate box to indicate your cultural background | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **A: White** | Scottish | | | | | | Irish | | | | | Other British | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | Any other White background | | | | | | | | | | | | | |  | | |  |  |
|  | | | | | | | | | | | | | | | | | | | |
| **B: Mixed** | Any mixed background | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **C: Asian; Asian Scottish; Asian British** | | | | | | | | | | | | | | | | | | | |
|  | | Pakistani | | | | | Indian | | | | | Chinese | | | |  | | | |
|  | |  | | | | | | | | | | |  | | | | | | |
|  | | Bangladeshi | | | | | Any other Asian background | | | | | | | | | | | | |
|  | |  | |  | | | | | | |  | | | | |  | | |  |
| **D: Black; Black Scottish; Black British** | | | | | | | | | | | | | | | | | | | |
|  | Caribbean | | | | | | African | | | | |  | | | |  | | | |
|  | Any other Black background | | | | | | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| **E: Other ethnic background** | | | | | | | | | | | | | | | | | | | |
|  | Any other background | | | | | | | | | |  | | | | |  | | |  |
|  | | | |  | | | | | | |  | | | | |  | | |  |
| **F: Prefer not to answer** | | | |  | | | | | | |  | | | | |  | | |  |
|  | | | |  | | | | | | |  | | | | |  | | |  |
| **5) To which religion, religious denomination or body do you actively belong?** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  |
|  | (Christianity) - Church of Scotland | | | | | | | | | | | | | Hinduism | | | | | |
|  | | | | | | | | | | | | | | | | | | |  |
|  | (Christianity) - Roman Catholic | | | | | | | | | | | | | Sikhism | | | | |  |
|  | |  | | |  | | | | |  | | | | | | | | |  |
|  | Christianity (other) | | | | | | | | | | | | | Judaism | | | | |  |
|  | | |  | | | | | |  | | | | | | | | | |  |
|  | Other faith / belief | | | | | | | | | | | | | Islam | | | | |  |
|  | |  | | | | | |  | | | | | |  | |  | | |  |
|  | Buddhism | | | | | | | | | | | | | No religion (none) | | | | | |
|  | |  | | | | | |  | | | | | |  | |  | | |  |
|  | Prefer not to answer | | | | | | | | | | | | |  | | | | | |
|  | |  | | | |  | | | | | |  | | | |  | | | |
| **6) Which of the following best describes your sexual orientation?** | | | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | | |  | | | |  | | | |
|  | | Bisexual | | | | | | | | | | | | Gay Man | | | | | |
|  | |  | | | |  | | | | | |  | | | | |  | | |
|  | | Heterosexual | | | | | | | | | | | | Lesbian/Gay Woman | | | | | |
|  | |  | | | |  | | | | | |  | | | | |  | | |
|  | | Other | | | | | | | | | | | | Prefer not to answer | | | | | |
|  | |  | | | |  | | | | | |  | | | | |  | | |