EQUAL OPPORTUNITIES MONITORING FORM

We are an equal opportunities employer and as such we ask all candidates to complete and return this Equal Opportunities Monitoring Form. Return this form in a separate envelope or email directly to [hello@ecas.scot](mailto:hello@ecas.scot).

Please get in touch if you have any feedback or suggestions about this form.

The data gathered will help us to monitor the effectiveness of our equal opportunities policies and procedures. It will be held in confidence and processed separately to your application and in accordance with the General Data Protection Regulation (GDPR) 2018.

**THIS INFORMATION WILL HAVE NO IMPACT ON THE FINAL RECRUITMENT DECISION.**

|  |  |
| --- | --- |
| Position applied for | **Ecas Administrator** |

In each section listed below, please choose one option by marking ‘X’ in the appropriate box.

**AGE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 16-17 |  | 18-21 |  | 22-30 |  | 31-40 |  |
| 41-50 |  | 51-60 |  | 61-65 |  | 66-70 |  |
| 71 + |  | Prefer not to say | | |  |

**DISABILITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities.  Do you consider that you have a disability? | | | | | |
| Yes |  | No |  | Prefer not to say |  |

**GENDER**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |
| Intersex |  | Non-binary |  |
| Prefer not to say |  | Prefer to state own (please specify): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the gender you identify with the same as your gender registered at birth? | | | | | |
| Yes |  | No |  | Prefer not to say |  |

**MARITAL OR CIVIL PARTNERSHIP STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| Married |  | In a registered civil partnership |  |
| Not married / not in a civil partnership |  | Separated |  |
| Divorced |  | Widowed |  |
| Prefer not to say | | |  |

**ETHNICITY**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian / Asian British** | | **Black / Black British** | |
| Bangladeshi |  | African |  |
| Chinese |  | Caribbean |  |
| Indian |  |  |  |
| Pakistani |  |  |  |
| Other Asian background (please specify): |  | Other Black background (please specify): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mixed Ethnic Group** | | **White** | |
| White and Asian |  | White British |  |
| White and Black African |  | White Scottish |  |
| White and Black Caribbean |  | White English |  |
|  |  | White Irish |  |
|  |  | White Welsh |  |
|  |  | White Northern Irish |  |
|  |  | Gypsy or Irish Traveller |  |
| Other Mixed background (please specify) |  | Other White background (please specify) |  |

|  |  |
| --- | --- |
| Arab |  |
| **Other Ethnic Group** (please specify) |  |

|  |  |
| --- | --- |
| Prefer not to say |  |

**SEXUAL ORIENTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Asexual |  |
| Heterosexual |  | Gay |  |
| Lesbian |  | Undecided |  |
| Pansexual |  | Other (please specify): |  |
| Prefer not to say |  |  |  |

**RELIGION OR BELIEF**

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Christian |  |
| Hindu |  | Jewish |  |
| Muslim |  | No religion |  |
| Sikh |  | Prefer not to say |  |
| Other religion or belief (please specify) | | |  |

**EMPLOYMENT STATUS** (tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Full time employed |  | Self-employed |  |
| Part time employed |  | Flexible employed |  |
| Student |  | Retired |  |
| Carer |  | Unemployed |  |
| Prefer not to say |  | Other (please specify): |  |

**CARING RESPONSIBILITIES** (tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Primary carer of child/children (under 18) |  | Primary carer of disabled child / children (under 18) |  |
| Primary carer of disabled adult |  | Primary carer of older person |  |
| None |  | Secondary carer |  |
| Prefer not to say |  |

**DATA PROTECTION**

By completing this form, I agree to the organisation holding and processing the data I have provided, for its legitimate business reasons stated above.

|  |  |
| --- | --- |
| Date: | Signature: |