# 

# Equalities monitoring form

The Scottish Social Services Council (SSSC) is committed to recruiting, retaining and developing a workforce that reflects the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can make sure that our HR processes are fair, transparent, promote equality of opportunity for all staff and do not have an adverse impact on any particular individual.

Your help in providing us with accurate information will make sure that we meet our legal obligations in terms of the Equality Act 2010 by reporting on the protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). This will result in us designing and applying policies and processes that attract and retain a diverse, talented and motivated workforce.

Any information you give us will be treated as strictly confidential and will be used for statistical and monitoring purposes only. No information will be published or used in any way which allows any individual to be identified.

**This form will be kept separate from your application. The information it contains will not influence your application.**

|  |  |  |
| --- | --- | --- |
| **Post applied for:** |  | |
|  |  | |
| **Vacancy reference No:** |  | |
|  |
| **Where did you see this post advertised?** | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sex**  (Please tick) |  | **Male** |  | **Female** |  | **Prefer not to say** |

**Age:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Under 21 years |  | 50 – 59 years | |
|  |  |  |  | |
|  | 21 – 29 years |  | 60 – 65 years | |
|  |  |  |  | |
|  | 30 – 39 years |  | Over 65 years | |
|  |  |  |  |
|  | 40 -49 years |  | Prefer not to say |

**Ethnic group:** Please tick one category from A, B, C, D, or E.

1. **White**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Scottish |  | British |
|  |  |  |  |
|  | Irish & Northern Irish |  | Gypsy Traveller |
|  |  |  |  |
|  | Polish |  | Other white ethnic group, please specify |
|  |  |  |  |

1. **Mixed or multiple ethnic groups**

|  |  |
| --- | --- |
|  | Any mixed or multiple ethnic groups, please specify |
|  |  |

1. **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 |
|  |  |
|  | |  | | --- | |  |   Other, please specify |

1. **African, Caribbean or Black**

|  |  |
| --- | --- |
|  | African, African Scottish or African British |
|  |  |
|  | Caribbean, Caribbean Scottish or Caribbean British |
|  |  |
|  | Black, Black Scottish or Black British |
|  |  |
|  | |  | | --- | |  |   Other, please specify |
|  |

1. **Other ethnic group**

|  |  |
| --- | --- |
|  | Arab, Arab Scottish or Arab British |
|  |  |
|  | Other, please specify   |  | | --- | |  | |
|  | Prefer not to say |

**Religion or belief:**

|  |  |
| --- | --- |
|  | None |
|  |  |
|  | Church of Scotland |
|  |  |
|  | Roman Catholic |
|  |  |
|  | Other Christian |
|  |  |
|  | Muslim |
|  |  |
|  | Buddhist |
|  |  |
|  | Sikh |
|  |  |
|  | Jewish |
|  |  |
|  | Hindu |
|  |  |
|  | Other, please specify |
|  |  |
|  | Prefer not to say |

**Marriage & civil partnership:**

|  |  |
| --- | --- |
|  | Married |
|  |  |
|  | Separated, but still legally married |
|  |  |
|  | Divorced |
|  |  |
|  | Widowed |
|  |  |
|  | Never married and never registered a same-sex civil partnership |
|  |  |
|  | In a registered same-sex civil partnership |
|  |  |
|  | Separated, but still legally in a same-sex civil partnership |
|  |  |
|  | Formerly in a same-sex civil partnership which is now legally dissolved |
|  |  |
|  | Surviving partner from a same-sex civil partnership |
|  |  |
|  | Other, please specify |
|  |  |
|  | Prefer not to say |

**Sexual orientation**

Do you consider yourself to be:

|  |  |
| --- | --- |
|  | Bisexual |
|  |  |
|  | Gay Man |
|  |  |
|  | Gay Woman |
|  |  |
|  | Heterosexual/straight |
|  |  |
|  | Other |
|  |  |
|  | Prefer not to say |

**Transgender**

Transgender is defined as an individual who lives or wants to live in the gender opposite to that which they were given at birth. Do you consider yourself to be transgender?

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |
|  |  |
|  | Prefer not to say |

**Pregnancy or maternity**

Are you pregnant or currently on maternity leave?

|  |  |
| --- | --- |
|  | Yes |

|  |  |
| --- | --- |
|  | No |
|  |  |
|  | Prefer not to say |

**Disability -** Disability is defined by the Equality Act 2010 as a physical or mental impairment which has a substantial and long term (has lasted or is expected to last at least 12 months) adverse effect on a person’s ability to carry out normal day-to-day activities.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In these terms, do you consider that you have a disability?   |  |  | | --- | --- | |  | Yes |  |  |  | | --- | --- | |  | No | |  |  | |  | Prefer not to say | |  |  |  |  |
|  |  |  | | |

If you have ticked **YES**, please identify which has the most impact on your ability to undertake day to day activities:

|  |  |
| --- | --- |
|  | Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches |
|  |  |
|  | Sensory impairment, such as being blind/having serious visual impairment or being deaf/having serious hearing impairment |
|  |  |
|  | Mental health condition such as depression or schizophrenia |
|  |  |
|  | Learning disability, such as down syndrome or dyslexia or cognitive impairment such as autism or head injury |
|  |  |
|  | Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy |
|  |  |
|  | Other, please specify |
|  |  |
|  | Prefer not to say |

If you have multiple disabilities, or if you have selected **OTHER**, please provide some additional information about your disability(ies).

|  |
| --- |
|  |

The SSSC offers the first stage of the recruitment process (ie assessment or interview) to any applicant who considers himself/herself to be disabled and who meets the minimum essential requirements for the post.

**In terms of the Data Protection Act 1998, I consent to the information which I have provided being used to monitor the effectiveness of the SSSC’s commitment to valuing diversity and improving opportunity for all.**

**Signed: ……………………………………. Date: …………………………………..**

**By completing this form you have helped us better understand how we, as an employer, can ensure equality of opportunity for all.**

**Thank you for completing this form.**