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| **DIVERSITY MONITORING FORM** | | |
| **Vacancy Reference Number** | IRC37229 | |
| **Job Title** | CHIEF EXECUTIVE FISCAL COMMISSION | |
| **Closing Date** | Friday 21st October 2016 | |
| Name |  | |
| Date of Birth |  | |
| National Identity | What do you consider your national identity to be?Please choose ONE answer from the list below.   Scottish  English  Welsh  Irish  British  Other   Prefer not to say | |
| If Other, how would you describe your national identity? | |
| Ethnicity | What is your ethnic group? Choose ONE section from A to E and then click on the appropriate box to indicate your ethnic group.  **A – White**  British  Any Other White background | |
| If you selected “Any Other White background” please specify: | |
| **B – Mixed**  Any Other Mixed background, *please specify:* | |
| **C - Asian, Asian Scottish or Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any Other Asian background | |
| If you selected “Any Other Asian background” please specify: | |
| **D - Black, Black Scottish or Black British**  Caribbean  African  Any Other Black background | |
| If you selected “Any Other Black background” please specify: | |
| **E - Other ethnic group**  Any Other Mixed background, *please specify:* | |
| **E – Prefer Not to Say**  Prefer not to say | |
| **Disability** | | |
| Do you have any health condition or disability? | | Yes  No |
| If yes, has it lasted or is it expected to last 12 months? | | Yes  No |
| Does this have an adverse effect on your day-to-day activities? | | Yes  No |
| If you have answered ‘Yes’ to all three of the questions above then please also tell us which of the following categories best describes the nature of the disability. | | Hearing Impairment  Visual Impairment  Speech Impairment  Mobility   Physical Co-ordination  Physical Capacity  Severe Disfigurement  Learning Difficulties  Mental Illness  Other  Prefer not to say |
| If you selected “Other” please specify: |
| **Religion** | | |
| Please select the Religion that best applies to you.Please choose ONE answer from the list. | | None  Church of Scotland  Roman Catholic  Other Christian  Buddhist  Hindu  Muslim  Jewish  Sikh  Pagan  Prefer Not to Say  Other |
| If you selected Other please specify: |
| **Sexual Orientation** | | |
| Please select the sexual orientation that best applies to you. Please choose ONE answer from the list. | | Bisexual  Gay Man  Gay Woman/Lesbian  Heterosexual/Straight  Other  Prefer Not to Say |
| If you selected Other please specify: |
| **Gender** | | |
| Please select the gender that best applies to you. Please choose ONE answer from the list. | | Male  Female  Prefer Not to Say |

**Please submit your completed Diversity Monitoring form via** [**www.aspenpeople.co.uk/fiscal**](http://www.aspenpeople.co.uk/fiscal)