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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)