

# Equal opportunities monitoring form

Please complete the following details in regard to the post you are applying

## Reference number

## Job title

## Location

Please note that in our aim to reduce the carbon footprint of our organisation all future correspondence will be sent in the same format (e.g. email/written) that you have applied.

The Scottish Enterprise Equal Opportunities policy states that:

“Scottish Enterprise will provide equality and fairness for all in our employment and not to discriminate on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. We oppose all forms of unlawful and unfair discrimination”.

The policy applies to all employees and prospective employees of Scottish Enterprise.

To ensure that our policy is working in practice and to comply with our duties as a public sector organisation we monitor equality related information for our workforce and recruitment information for those seeking to join us.

The information you supply in this section will not be viewed by the recruitment panel and will not be used as part of any recruitment decision.

Whenever personal data is processed, such processing will be done in accordance with our Data Protection Policy (including, where relevant, the additional policies and guidance referred to in it) and our Privacy Notice which can be accessed on request from the HR Customer Delivery Team at [hrcdt@scotent.co.uk](mailto:hrcdt@scotent.co.uk) .

Thank you for your help.

## Age

What is your date of birth?

## Disability

Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? Tick all that apply.

Deafness or partial hearing loss

Blindness or partial sight loss

Learning disability (e.g. Down's Syndrome)

Learning difficulty (e.g. Dyslexia)

Development disorder (e.g. Autism Spectrum Disorder or Asperger's Syndrome)

Physical disability

Mental health condition

Long term illness, disease or condition (e.g. cancer, diabetes, HIV, chronic heart disease)

Other condition (please specify)

No condition

Prefer not to say

Are your day to day activities limited because of a health problem or disability which has lasted or is expected to last, at least 12 months?

Yes, limited a lot

Yes, limited a little

No

Prefer not to say

Is there any information in relation to disability or reasonable adjustments which we should be aware of when considering your application? (please include any adjustments required for interview)

Please detail

## Race

### National Identity

What do you feel is your national identity? (Tick all that apply)

Scottish

English

Welsh

Northern Irish

British

Other (please specify)

Prefer not to say

### Ethnic Origin

What is your ethnic group? (Tick one box that best describes your ethnic group or background).

#### A. White

Scottish

Other British

Irish

Gypsy /Traveller

Polish

Other white ethnic group (please specify)

#### B. Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups (please specify)

#### C. 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)

## D. African

African, African Scottish or African British

Other (please specify)

## E. Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other (please specify)

## F. Other Ethnic Group

Arab, Arab Scottish, or Arab British

Other (please specify)

Prefer not to say

## Gender

Which one of the following best describes your gender?

Male

Female

In another way

Prefer not to say

If you describe your gender in another term, please provide this here:

## Trans Status

Do you consider yourself to be a trans person?

Yes

No

Prefer not to say

## **Marriage and Civil Partnership**

What is your legal marital or same sex partnership status?

Never married / never in a civil partnership

Married / civil partnership

Separated

Divorced / dissolved civil partnership

Widowed / surviving partner from civil partnership

Prefer not to say

## **Religion or Belief**

What religion, religious denomination, or body do you belong to or that philosophical belief do you hold?

None

Buddhist

Church of Scotland

Roman Catholic

Other Christian (please specify)

Hindu

Jewish

Muslim

Sikh

Another religion or belief (please specify)

Prefer not to say

## **Sexual orientation**

Which of the following best describes your sexual orientation?

Heterosexual / straight

Bi/ bisexual

Gay/ lesbian

Prefer not to say

If you prefer to use another term, please provide this here