

## Equality and diversity monitoring form – strictly confidential

Equality is a necessary goal if we want a society in which everyone is treated fairly, regardless of difference, and given the opportunity to fulfil their potential in life. SFC attaches importance to equality and diversity and where possible work to create an environment that provides equality of opportunity for all individuals.

We would be grateful if you would complete this form and return it with your application. This information will help us to monitor the implementation and effectiveness of our Equality and Diversity Policy.

The information will not be used as part of the selection process itself and will be held in compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. The information contained in this form will be used solely for statistical purposes. For further information please view our [Job Applicant Privacy Notice](#).

Basic details	Response
Name	
Post applied for	

How did you hear about this post?	Response
SFC Website	
SFC E-mail	
Internal Advert	
Word of Mouth	
SFC Member of Staff	
Online	
If "Online" please share website	
Other advert	
If "Other advert" please state	
Other	
If "Other", specify if you wish	

What is your age?	Response
16-24	
25-34	
35-44	
45-54	
55-64	
65+	

What is your gender?	Response
Male	
Female	
Prefer not to say	

Is your gender identity different to the sex you were assumed to be at birth?	Response
Yes	
If "Yes", specify if you wish:	
No	
Prefer not to say	

Have you ever identified as a transgender or trans person?	Response
Yes	
No	
Prefer not to say	

Do you consider yourself to be within any of the following categories? (you can select more than one if you wish)	Response
Female-to-male / trans man	
Male-to-female / trans woman	
Intersex person	
Non-binary gender person	
Cross dressing / transvestite person	
Other type of gender variant person	
If "Other", specify if you wish	
Prefer not to say	

<b>What is your race / ethnic group?</b>	<b>Response</b>
<i>Indicate the box that best describes your ethnic group or background</i>	
<b>A)</b>	<b>White</b>
Scottish	
Other British	
Irish	
Gypsy/Traveller	
Polish	
Other white ethnic group (please specify)	
<b>B)</b>	<b>Mixed or Multiple Ethnic Groups</b>
Any mixed/multiple ethnic groups (please state)	
<b>C)</b>	<b>Asian, Asian Scottish or Asian British</b>
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 state)	
<b>D)</b>	<b>African</b>
African, African Scottish or African British	
<b>E)</b>	<b>Caribbean or Black</b>
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	

<b>What is your race / ethnic group?</b>	<b>Response</b>
Other (please write in)	
<b>F)</b>	<b>Other ethnic group</b>
Arab, Arab Scottish or Arab British	
Other (please state)	
<b>G)</b>	<b>Prefer not to say</b>
Prefer not to say	

<b>What religion, religious denomination or body do you belong to?</b>	<b>Response</b>
None	
Christian: Church of Scotland	
Christian: Roman Catholic	
Christian: Other Christian (please specify)	
Muslim	
Buddhist	
Sikh	
Jewish	
Hindu	
Another religion or body (please specify)	
Prefer not to say	

<b>How would you describe your sexual orientation?</b>	<b>Response</b>
Bisexual	
Gay man	
Gay woman / Lesbian	
Heterosexual / straight	
Not sure	
Other (please specify)	
Prefer not to say	

<b>What is your legal marital or same sex partnership status?</b>	<b>Response</b>
Single	
Married / Civil Partnership	
Separated	
Divorced / dissolved Civil Partnership	
Co-habiting / in a relationship	
Widowed / surviving partner from Civil Partnership	
Prefer not to say	

<b>Do you have caring responsibilities? (please select all that apply)</b>	<b>Response</b>
None	
Primary carer disabled adult (18 and over)	
Primary carer of a child / children (under 18)	
Primary carer of an older person (65 and over)	
Primary carer of a disabled child / children	
Secondary carer	
Prefer not to say	

<b>Do you have a disability?</b>	<b>Response</b>
I have a disability	
I have no disability	
Prefer not to say	

Thank you for taking the time to complete this form.