
SFC 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.

Please 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.

COMMITTED TO EQUALITY OF OPPORTUNITY



Basic details

| | |
|------------------|--|
| Name | |
| Post applied for | |

How did you hear about this post?

| | | | |
|----------------------|--------------------------|---------------------|--------------------------|
| SFC Website | <input type="checkbox"/> | SFC E-mail | <input type="checkbox"/> |
| Word of Mouth | <input type="checkbox"/> | SFC Member of Staff | <input type="checkbox"/> |
| Internal Advert | <input type="checkbox"/> | Online* | <input type="checkbox"/> |
| Other advert* | <input type="checkbox"/> | Other* | <input type="checkbox"/> |
| *Specify if you wish | | | |

What is your age?

| | | | | | |
|-------|--------------------------|-------|--------------------------|-------|--------------------------|
| 16-24 | <input type="checkbox"/> | 35-44 | <input type="checkbox"/> | 55-64 | <input type="checkbox"/> |
| 25-34 | <input type="checkbox"/> | 45-54 | <input type="checkbox"/> | 65+ | <input type="checkbox"/> |

What is your gender?

| | | | | | |
|------|--------------------------|--------|--------------------------|-------------------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|-------------------|--------------------------|

Is your gender identity different to the sex you were assumed to be at birth?

| | | | | | |
|----------------------|--------------------------|----|--------------------------|-------------------|--------------------------|
| Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| *Specify if you wish | | | | | |

Have you ever identified as a transgender or trans person?

| | | | | | |
|------|--------------------------|----|--------------------------|-------------------|--------------------------|
| Yes* | <input type="checkbox"/> | No | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
|------|--------------------------|----|--------------------------|-------------------|--------------------------|

Do you consider yourself to be within any of the following categories?
(you can select more than one if you wish)

| | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|
| Female-to-male / trans man | <input type="checkbox"/> | Intersex person | <input type="checkbox"/> | Cross dressing / transvestite person | <input type="checkbox"/> |
| Male-to-female / trans woman | <input type="checkbox"/> | Non-binary gender person | <input type="checkbox"/> | Other type of gender variant person* | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | *Specify if you wish | | | |

What is your race / ethnic group?

Indicate the box that best describes your ethnic group or background

A) White

| | | | | | |
|-----------------|--------------------------|---------------|--------------------------|---------------------------|--------------------------|
| Scottish | <input type="checkbox"/> | Other British | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| Gypsy/Traveller | <input type="checkbox"/> | Polish | <input type="checkbox"/> | Other white ethnic group* | <input type="checkbox"/> |
| *Please specify | | | | | |

B) Mixed or Multiple Ethnic Groups

Any mixed/multiple ethnic groups (please state)

C) Asian, Asian Scottish or Asian British

| | | | |
|--|--------------------------|--|--------------------------|
| Pakistani, Pakistani Scottish or Pakistani British | <input type="checkbox"/> | Indian, Indian Scottish or Indian British | <input type="checkbox"/> |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British | <input type="checkbox"/> | Chinese, Chinese Scottish or Chinese British | <input type="checkbox"/> |
| Other (please specify) | | | |

D) African

African, African Scottish or African British

| What is your race / ethnic group? | | | | |
|--|--------------------------|--|--------------------------|--------------------------|
| E) Caribbean or Black | | | | |
| Caribbean, Caribbean Scottish or Caribbean British | <input type="checkbox"/> | Black, Black Scottish or Black British | <input type="checkbox"/> | |
| Other (please state) | | | | |
| F) Other ethnic group | | | | |
| Arab, Arab Scottish or Arab British | <input type="checkbox"/> | Other* | <input type="checkbox"/> | |
| *Please specify | | | | |
| G) Prefer not to say | | | | |
| Prefer not to say | | | | <input type="checkbox"/> |

| What religion, religious denomination or body do you belong to? | | | | | |
|---|--------------------------|-------------------------------|--------------------------|---------------------------|--------------------------|
| None | <input type="checkbox"/> | Christian: Church of Scotland | <input type="checkbox"/> | Christian: Roman Catholic | <input type="checkbox"/> |
| Christian: Other Christian* | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Another religion or body* | | | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| *Please specify | | | | | |

| How would you describe your sexual orientation? | | | | | |
|---|--------------------------|----------|--------------------------|---------------------|--------------------------|
| Bisexual | <input type="checkbox"/> | Gay man | <input type="checkbox"/> | Gay woman / Lesbian | <input type="checkbox"/> |
| Heterosexual / straight | <input type="checkbox"/> | Not sure | <input type="checkbox"/> | Other* | <input type="checkbox"/> |
| Prefer not to say | | | | | <input type="checkbox"/> |
| *Please specify | | | | | |

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

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

| Do you have a disability? | | | |
|---------------------------|--------------------------|----------------------|--------------------------|
| I have a disability | <input type="checkbox"/> | I have no disability | <input type="checkbox"/> |
| Prefer not to say | | | <input type="checkbox"/> |

Thank you for taking the time to complete this form.