# Equalities Monitoring Form

The Care Inspectorate is committed to recruiting, retaining and developing a workforce that reflects the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can identify how we can improve the way we meet the needs of our applicants and staff. We also require this information for monitoring purposes.

To assist us to monitor the effectiveness of our equality and diversity practices, we would encourage you to complete this monitoring form.

**This form will be kept separate from your application. The information it contains will not influence your application.** The information you provide us with will stay strictly confidential, be stored securely and limited to colleagues in Human Resources.

**Privacy:** We respect your privacy and will only use personal information collected to support the recruitment process in accordance with Data Protection legislation.

**Please tick the relevant box in each section which you feel most describes you or if you do not want to answer any specific question(s) tick ‘Prefer not to say’**

1. What is your **age?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Under 21 years |  | 50 – 59 years | |
|  |  |  |  | |
|  | 21 – 29 years |  | 60 – 65 years | |
|  |  |  |  | |
|  | 30 – 39 years |  | Over 65 years | |
|  |  |  |  |
|  | 40 – 49 years |  | Prefer not to say |

1. Do you consider yourself to have a **disability?** The Equality Act 2010 defines disability in the following way:  "A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities". Further information regarding the definition of disability can be found here: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Yes | |  |  | |  | No | |  |  | |  | Don’t know | |  |  | |  | Prefer not to say | |  |  |  |  |  |  |  |

1. Does this have an adverse effect on your day-to-day activities?

|  |  |
| --- | --- |
|  | Yes |
|  |  |
|  | No |
|  |  |
|  | Don’t know |
|  |  |
|  | Prefer not to say |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

1. What category(ies) best describes the nature of your **health condition/disability:**

Blindness or partial sight loss

Deafness or partial hearing loss

Developmental disorder

Learning difficulty

Learning disability

Long term illness, disease or condition

Mental health condition

Physical disability

Other condition

Prefer not to say

The Care Inspectorate offers a guaranteed interview to any applicant who considers him/herself to be disabled and who meets the minimum essential requirements for the post.

Reasonable adjustments will be discussed and where needed made available should you be invited to interview.

1. What is your **sex?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Female | |  |  | |  | Male | |  |  | |  | Prefer not to say | |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What best describes your **gender identity?** | | | | | | | |
| |  |  | | --- | --- | |  | Female | |  |  | |  | Male | |  |  | |  | Nonbinary | |  |  | |  | Prefer not to say | |  |  |  |  |  |  |  |

Other/prefer to self-describe**:**……………………………………………………………………..

What is your **preferred pronoun?** ………………………………………………………………

1. Do you consider yourself to be **trans**, or have a trans history?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Yes | |  |  | |  | No | |  |  | |  | Prefer not to say | |  |  |  |  |  |

1. Which of the following best describes your **sexual orientation**?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Bi/bisexual | |  |  | |  | Gay/lesbian | |  |  | |  | Heterosexual/straight | |  |  | |  | Prefer not to say | |  |  |  |  |  |

Other/prefer to self-describe:……………………………………………………………………...

1. What **religion, religious denomination** do you belong to, or what **philosophical belief** do you hold?

|  |  |
| --- | --- |
|  | None |
|  |  |
|  | Church of Scotland |
|  |  |
|  | Roman Catholic |
|  | Other Christian |
|  |  |
|  | Muslim |
|  |  |
|  | Buddhist |
|  |  |
|  | Sikh |
|  |  |
|  | Jewish |
|  |  |
|  | Hindu |
|  |  |
|  | Other, please specify |
|  |  |
|  | Prefer not to say |

1. What is your **ethnic group?**
2. White

|  |  |  |  |
| --- | --- | --- | --- |
|  | Scottish |  | Polish |
|  |  |  |  |
|  | British |  | Gypsy Traveller |
|  |  |  |  |
|  | Irish and Northern Irish |  | Other, white ethnic group, please specify |
|  |  |  |  |

1. Mixed or multiple ethnic groups

|  |  |
| --- | --- |
|  | Any mixed or multiple ethnic groups, please specify |
|  |  |

1. 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 |

1. African

|  |  |
| --- | --- |
|  | African, African Scottish or African British |
|  |  |
|  | |  | | --- | |  |   Other, please specify |

E**.** Caribbean or Black

|  |  |
| --- | --- |
|  | Caribbean, Caribbean Scottish or Caribbean British |
|  |  |
|  | Black, Black Scottish, Black British |
|  |  |
|  | |  | | --- | |  |   Other, please specify |

F**.** Other, ethnic group

|  |  |
| --- | --- |
|  | Arab, Arab Scottish or Arab British |
|  |  |
|  | Other, please specify   |  | | --- | |  | |
|  |  |
|  | Prefer not to say |

1. We need to ask about **pregnancy and maternity**. Are you pregnant or have you given birth in the last 26 weeks?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Yes | |  |  | |  | No | |  |  | |  | Don’t know | |  |  | |  | Prefer not to say | |  |  |  |  |  |

1. Are you **married or in a civil partnership**?

|  |  |
| --- | --- |
|  | Single (never married or never registered a same-sex civil partnership) |
|  |  |
|  | Co-habiting |
|  |  |
|  | Civil partnership |
|  |  |
|  | In a registered same-sex civil partnership |
|  |  |
|  | Married |
|  |  |
|  | Separated |
|  |  |
|  | Separated but still legally married |
|  |  |
|  | Divorced |
|  |  |
|  | Never married |
|  |  |
|  | Widowed or surviving partner from a same-sex civil partnership |
|  |  |
|  | Other, please specify   |  | | --- | |  | |
|  |  |
|  | Prefer not to say |

1. Are you a **carer?** We define a carer as someone who provides unpaid care by looking after an ill, frail or disabled family member, friend or partner.

|  |  |
| --- | --- |
|  | Yes |
|  |  |
|  | No |
|  |  |
|  | Don’t know |
|  |  |
|  | Prefer not to say |

1. Do you have **lived care experience?** Care experience is explained as 'Formally looked after by a local authority, in the family home (with support from social services or a social worker), or in kinship care (with family friends or relatives), foster care, residential or secure care or legally adopted).

If you select yes, the Care Inspectorate treat this in confidence. We use this information to ensure you receive all the support and resources to which you are entitled. We may contact you to discuss this support and whether you want to access it. The only people made aware of this declaration are those who can provide you with support. This information may also be used for monitoring purposes to improve support for employees who have been looked after. This information will not be passed onto anyone else without your permission being sought.

|  |  |
| --- | --- |
|  | Yes |
|  |  |
|  | No |
|  |  |
|  | Don’t know |
|  |  |
|  | Prefer not to say |

**In terms of the Data Protection Act 2018, I consent to the information which I have provided being used to monitor the effectiveness of the Care Inspectorate’s commitment to valuing diversity and improving opportunity for all.**

**Signed: ………………………….. Date: …………………………..**

By completing this form, you have helped us better understand how we, as an employer can ensure equality of opportunity for all.

Thank you for completing this form.