**Diversity and Equalities Monitoring Form (Confidential)**

The Glasgow Colleges’ Regional Board (GCRB) is committed to treating all our employees and job applicants fairly. It is our policy to take all reasonable steps to employ and promote employees on the basis of their abilities and qualifications without regard to age; disability; gender reassignment; marital and civil partnership; pregnancy and maternity; religion or belief; race including colour; nationality (including citizenship) ethnic or national origins; sex; or sexual orientation.

The GCRB is also committed to developing an organisational culture which values and respects people from all sections of society. We appoint, train, develop and promote on the basis of merit and ability alone.

To assist us to monitor the effectiveness of Diversity & Equalities we hope you will take time to complete this section.

Please answer all questions by ticking the appropriate box and adding additional information as requested. Should you wish not to answer, please tick ‘prefer not to say’. Your anonymity and confidentiality is assured. **This section will be detached from the main application form upon receipt, stored securely and not used for short listing purposes.**

**AGE**

What is your date of birth? (dd/mm/yyyy):…………………………………………………

**DISABILITY**



Do you consider yourself to be a disabled\* person? Yes:   No:            Prefer not to say:

\*This is anyone with a “physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”

If yes, which? (please tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Blind/partially sighted |   | Developmental condition (e.g. Autistic Spectrum Disorder or Asperger’s Syndrome) |
|   |   |
|   | Deaf/hearing impairment |   | Physical impairment |
|   |   |   |   |
|   | Learning impairment – general (e.g. Down’s Syndrome, Global difficulties) |   | Mental health condition (e.g. depression, schizophrenia or anxiety disorder) |
|   |   |   |   |
|   | Learning difficulty – specific (e.g. Dyslexia, Dyspraxia or AD(H)D) |   | Long terms illness, disease or condition (e.g. cancer, HIV, diabetes, chronic heart disease, epilepsy) |
|   |   |

Other impairment or condition, please state: ……………. Prefer not to say:



Are there any adjustments we could make to assist you at interview? Yes:            No:

If yes, please specify any adjustments we could make to accommodate your needs:

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

If you are offered a position, please specify any adjustments or support we could provide to accommodate your needs whilst employed by the GCRB:

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

**CARING RESPONSIBILITIES**



Do you have any caring responsibilities? Yes:      No:            Prefer not to say:

If yes, are they? (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Child/children under 18, if disabled |   | Adult/s over 18 |
|   |   |
|   | Child/children under 17, otherwise |   | Prefer not to say |

**GENDER IDENTITY AND REASSIGNMENT**

What is your gender identity? (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Man (including trans man) |   | Woman (including trans woman) |

|  |  |
| --- | --- |
|   | Other gender identity please state if you wish: ………………………………….. |

Is your gender the same as the gender you were assigned to at birth/born with?



Yes:      No:            Prefer not to say:

Do you identify as being a transgender person?



Yes:      No:            Prefer not to say:

 (The GCRB uses the term ‘transgender’ as an inclusive umbrella terms for a diverse range of people who find their gender identity or gender expression differs in some way from the gender they were originally assigned as birth).

**MARRIAGE AND CIVIL PARTNERSHIP**



Married:         Civil Partnership:           Prefer not to say:

Other, please state: ………………………………………………

**RACE**

What is your ethnic group?

|  |
| --- |
| Choose ONE section from A to G, then tick one box which best describes your ethnic group, or background? |
|   |   |   |   |   |   |
| **A**  | **White** |  | **B**  | **Mixed or Multiple Ethnic Groups**  |   |
|   | Scottish |   |   | Any mixed or multiple ethnic group, please state: |
|   | English |   |
|   | Welsh |   |   |   |   |
|   | Northern Irish |   |   |   |   |
|   | British |   |   |   |   |
|   | Irish |   |   |   |   |
|   | Gypsy/Traveller |   |   |   |   |
|   | Polish |   |   |   |   |
|   | Any other white ethnic group please state: |   |   |   |   |
|   |   |   |
| **C** | **Asian, Asian Scottish or Asian British** |   | **D** | **African** |   |
|   | Pakistani, Pakistani Scottish or Pakistani British |   |   | African, African Scottish or African British |   |
|   | Indian, Indian Scottish or Indian British |   |   | Any other African GroupPlease state: |
|   | Bangladeshi, Bangladeshi Scottish or Bangladeshi British |   |   |   |   |
|   | Chinese, Chinese Scottish or Chinese British |   |   |   |   |
|   | Any other Asian ethnic group,please state: |   |   |   |
| **E** | **Caribbean or Black** |   | **F** | **Other Ethnic Group** |   |
|   | Caribbean, Caribbean Scottish or Caribbean British |   |   | Arab, Arab Scottish or Arab British |   |
|   | Black, Black Scottish or Black British |   |   | Any other ethnic group, please state: |   |
|   | Any other Caribbean or Black ethnic group, please state:  |   |   |   |   |
| **G** | **ALL ETHNIC GROUPS –PREFER NOT TO SAY** |   |   |   |   |
|   | Prefer not to say  |   |   |   |   |

**RACE**



What is your nationality? ………………………………………… Prefer not to say:

**RELIGION OR BELIEF**

What religion, religious denomination or body do you belong to, or what philosophical belief do you hold? (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
|   | None |   | Buddhist |
|   |   |
|   | Protestant |   | Sikh |
|   |   |   |   |
|   | Roman Catholic |   | Pagan |
|   |   |   |   |
|   | Other Christian |   | Jewish |

|  |  |  |  |
| --- | --- | --- | --- |
|   | Hindu  |   | Muslim |
|   |   |
|   | Prefer not to say |   | Another religion, or belief please state: |
|   |   |   |   |

**SEX**



Are you male or female?   Male:            Female:            Prefer not to say:

**SEXUAL ORIENTATION**

Which of the following best describes how you think of yourself? (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Bisexual |   | Hetrosexual/Straight |
|   |   |
|   | Gay Man |   | Prefer not to say |
|   |   |   |   |
|   | Gay Woman/Lesbian |   | Other, please state:  |

**HR USE ONLY**

Vacancy Reference Number: ………………………………………………………………..

Candidate Reference Number: ……………………………………………………………….