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| |  |  | | --- | --- | | **RENFREWSHIRE VALUATION JOINT BOARD** |  |   EQUAL OPPORTUNITIES MONITORING FORM  CONFIDENTIAL | |
| In order to check the effectiveness of the Board’s Equality and Diversity Policy, The Board monitors a range of areas where people may experience discrimination. The Board would be pleased if you would complete the form below. The information you give will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated in strict confidence and no names will be shown in any statistics produced. | |
| **1. POST DETAILS** | |
| Advert Reference Number: Post Title:  Service: **ASSESSOR & ELECTORAL REGISTRATIO**N  full-time  part-time | |
| **2. GENDER IDENTITY** | | |
| How would you describe your gender?  Female  Male  Prefer not to answer | | |
| Have you ever identified as a transgender person or trans person?  (for the purpose of this question, ‘transgender’ is defined as an individual who lives, or wants to live, full-time in the gender opposite to that which they were assigned at birth)  Yes  No  Prefer not to answer | | |
| **3. MARITAL STATUS** | | |
| What is your legal marital status?  Single  Married/Civil Partnership  Living with partner  Divorced  Divorced/Separated  Separated  Widowed  Prefer not to answer | | |
| **4. AGE** | | |
| What is your date of birth?  Day \_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_  Prefer not to answer | | |
| **5. CARING RESPONSIBILITIES** | | |
| Do you have caring responsibilities? (Please tick all that apply)  Yes (children under 18)  Yes (other)  No  Prefer not to answer | | |
| **6. RELIGION OR BELIEF** | | |
| What is your religion or belief?  Buddhist  Church of Scotland  Hindu  Humanist  Jewish  Muslim  None  Other Christian  Sikh  Pagan  Roman Catholic  Prefer not to answer  Other religion or belief, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **7. SEXUAL ORIENTATION** | | |
| What is your sexual orientation?  Bisexual  Gay  Heterosexual/Straight  Lesbian  Prefer not to answer | | |
| **8. NATIONAL IDENTITY** | | |
| What is your national identity?  Scottish  English  Welsh  Northern Irish  British  Prefer not to answer Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **9. ETHNIC GROUP** | | |
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| What is your ethnic group? For this question, you should choose one section from A to G to indicate your ethnic group. Choose H if you prefer to not answer this question. | | |
| A. White Scottish  Other British  Irish  Gypsy/Traveller  Eastern European (for example 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. Arab Arab, Arab Scottish, Arab British  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G. Other Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H. Prefer not to answer Prefer not to answer | |
| **10. DISABILITY** | | |
| Under the terms of the Equality Act 2010, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day tasks. Do you consider that you have a disability?  Yes  No  Prefer not to answer  If yes to the above question, please state the type of impairment which applies to you. You may indicate more than one. If none of the categories apply, please mark ‘Other’ and specify the type of impairment.  Learning disability (such as Down’s Syndrome or dyslexia)  Physical Impairment (such as difficulty using  or cognitive impairment (such as autism or head injury) your arms or mobility issues which means  using a wheelchair or crutches)  Long standing illness or health condition (such as  Sensory Impairment (such as being blind/  cancer, HIV, diabetes, chronic heart disease or epilepsy) having serious visual impairment, or being  deaf/having a serious hearing impairment)  Mental health condition (such as depression or schizophrenia)  Other (such as disfigurement)  Prefer not to answer  please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you have a disability and you require assistance to enable you to attend for, and participate fully in the interview process (for example ramp access, large print material, a signer), please provide details in the application form) | | |
| **11. PREGNANCY/MATERNITY LEAVE** | | |
| Are you currently pregnant or on maternity leave?  Pregnant  On maternity leave  Neither  Prefer not to answer | | |
| **12. TO BE COMPLETED BY EXISTING BOARD EMPLOYEES ONLY** | | |
| Are you applying for a promoted post?  Yes  No  Prefer not to answer | | |

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| **13. GENERAL DATA PROTECTION REGULATION** |
| In terms of the Data Protection Legislation, I consent to the information which I have provided being processed to monitor the effectiveness of the Board’s Equality and Diversity Policy. I understand that this information will be held on manual or electronic records.  Signed.................................................................................... Date........................ |