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|  **RENFREWSHIRE VALUATION JOINT BOARD** |  |

EQUAL OPPORTUNITIES MONITORING FORMCONFIDENTIAL |
| 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 answerIf 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 answerplease 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........................ |