

EQUALITY AND DIVERSITY MONITORING FORM



Cruse Bereavement Care Scotland strives to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, however filling in this form is voluntary.

Please return the completed form by email to info@crusescotland.org.uk

Or by post in an envelope marked 'Strictly Confidential' to:

Cruse Bereavement Care Scotland HQ, 29 Barossa Place, Perth, PH1 5HH

Gender Man Woman Intersex Non-binary Prefer not to say

If you prefer to use your own term, please specify here:

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49 50-54
55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please click the appropriate box

White

English Welsh Scottish Northern Irish Irish British
Gypsy or Irish Traveller Prefer not to say

Any other white background, please specify here:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say Any other mixed background, please specify:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please specify here:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, specify here:

Other ethnic group

Arab Prefer not to say

Any other ethnic group, specify here:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work?

Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual Prefer not to say

If you prefer to use your own term, please specify here:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish Sikh
Muslim Prefer not to say

If other religion or belief, please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
Annualised hours Job-share Flexible shifts Compressed hours
Homeworking Prefer not to say

If other, please specify:

Do you have caring responsibilities? If yes, please click all that apply

None
Primary carer of child/children (under 18)
Primary carer of disabled child/children
Primary carer of disabled adult (over 18)
Primary carer of older person
Secondary carer (another person carries out the main caring role)
Prefer not to say

Thank you for completing and returning this form