## **EQUALITY AND DIVERSITY MONITORING FORM**



Cruse 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 <a href="mailto:info@crusescotland.org.uk">info@crusescotland.org.uk</a> Or by post in an envelope marked 'Strictly Confidential' to: Cruse Scotland HQ, 29 Barossa Place, Perth, PH1 5HH

Gender Man
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
<b>Age</b> 16-24
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
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
What is your current working pattern?  Full-time Part-time Prefer not to say
What is your flexible working arrangement?  None
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  Prefer not to say

Thank you for completing and returning this form