

## 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 [info@crusescotland.org.uk](mailto:info@crusescotland.org.uk)  
Or by post in an envelope marked 'Strictly Confidential' to:  
Cruse 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.

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**What is your sexual orientation?**

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Prefer not to say ☐

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

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**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:

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**What is your current working pattern?**

Full-time ☐ Part-time ☐ Prefer not to say ☐

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**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:

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**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**