**Equality and diversity monitoring form**

Children in Scotland has an Equality and Diversity Policy which can be found on our website here: [Children in Scotland Equality and Diversity Policy](https://childreninscotland.org.uk/wp-content/uploads/2024/01/Equality-and-Diversity-policy-0124.pdf). Children in Scotland is fully committed to active promotion of equality in its employment practices, in the work it undertakes and in the provision of all its services.

In order for us to check whether the objectives of the Policy are being met, we need to monitor our recruitment process, which involves gathering information from applicants. This will help us assess our performance in respect of equal opportunities and identify areas where positive action is needed.

**When you return your form to us it will be separated from your application and will not be used as part of the application process.**

All information will be treated in the strictest confidence. It will be stored in a secure file for no more than 6 months and then deleted.

If you do not wish to fill out this form, or any individual sections of the form, this will in no way affect your application.

**1. GENDER**

How would you describe your gender identity?:

Woman

Man

Other gender identity (for example, non-binary)

If “other” please specify here:

Prefer not to say

Do you identify as a transgender person?

Yes  No  Prefer not to say

**2. AGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16–20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-65  Over 65 |
| Prefer not to say | | | | | |

**3. RELIGION/BELIEF**

What, if any, religious or belief group do you belong to?

None

Prefer not to say

**4. ETHNICITY**

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

How would you describe your ethnic origin?

Prefer not to say

**5. NATIONALITY**

How would you describe your nationality?

Prefer not to say

**6. DISABILITY**

*Definition of a disability: 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 activities (Equalities At 2010)*

Do you consider yourself to have a disability?

Yes Please specify      

No

Prefer not to say

Any other information you would like to share:

**7. SEXUAL ORIENTATION**

How would you describe your sexual orientation?:

Bisexual  Gay Man

Lesbian/Gay Woman  Heterosexual/Straight

Other  If other please specify

Prefer not to say

**8. ADVERTISING**

How did you become aware of this post?

**9. COMMENTS**

Do you have any comments on our monitoring form? Feedback is welcomed.

***Thank you for completing this form***