**Equal Opportunities Monitoring Form**

This form is used only for monitoring purposes and will be kept separate from your application.  
It helps us ensure fairness and equality in our recruitment practices, in line with the Equality Act 2010 and UK GDPR.

Completion of this form is voluntary. All information will be treated in the strictest confidence and will not be used in selection decisions.

**1. Gender Identity**

|  Man |  Woman |  Non-binary |  Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Prefer not to say |

**2. Age Group**

|  Under 25 |  25–34 |  35–44 |  45–54 |  55–64 |  65+ |  Prefer not to say |

**3. Disability or Long-term Health Condition**

Do you consider yourself to have a disability or long-term health condition as defined by the Equality Act 2010?

|  Yes |  No |  Prefer not to say |

If yes, please indicate the type of impairment (optional):

|  Physical |  Sensory |  Mental health |  Learning disability/difficulty |  Long-term illness |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4. Ethnic Group**

(These categories follow the **2022 Scottish Census**.)

**White**  
|  Scottish |  Other British |  Irish |  Gypsy/Traveller |  Polish |  Other white background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Mixed or Multiple Ethnic Groups**  
|  Any mixed or multiple ethnic background |

**Asian, Asian Scottish or Asian British**  
|  Pakistani |  Indian |  Bangladeshi |  Chinese |  Other Asian background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**African**  
|  African |  Other African background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Caribbean or Black**  
|  Caribbean |  Black |  Other Black background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Other Ethnic Group**  
|  Arab |  Other ethnic background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  Prefer not to say |

**5. Religion or Belief**

|  No religion |  Church of Scotland |  Roman Catholic |  Other Christian |  Muslim |  Hindu |  Buddhist |  Sikh |  Jewish |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Prefer not to say |

**6. Sexual Orientation**

|  Heterosexual / Straight |  Gay / Lesbian |  Bisexual |  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Prefer not to say |

**7. Marital or Civil Partnership Status**

|  Single |  Married |  In a civil partnership |  Divorced / Separated |  Widowed |  Prefer not to say |

**8. Caring Responsibilities**

Do you have primary caring responsibilities for children, disabled adults, or older relatives?

|  Yes |  No |  Prefer not to say |

**Thank you for completing this form.**

Your information will be held securely and used solely for equality monitoring.

**Reviewed and updated: September 2025**