

Equalities Monitoring Form

Skye and Lochalsh Council for Voluntary Organisations is firmly committed to diversity in all areas of its work and employment practices. We believe that we have much to learn from diverse cultures and perspectives, and that diversity will make our organisation more effective in meeting the needs of all our stakeholders.

We are committed to developing and maintaining an organisation in which differing ideas, abilities, backgrounds and needs are fostered and valued, and where those with diverse backgrounds and experiences are able to participate and contribute.

SLCVO need to record these details which will only be used to fulfil our equal opportunities obligations and as a guide in building efficient strategies to improve diversity, equity and inclusion.

The information contained in this form is completely confidential.

Where did you hear about this position?	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	SLCVO website
	<input type="checkbox"/>	HTSI website	<input type="checkbox"/>	Community Newsletter
	<input type="checkbox"/>	Direct email	<input type="checkbox"/>	Word of mouth
	Other:			

Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16 – 21	22 – 30	31 – 40	41 – 50	51 – 60	61 – 65	65+	N/A

Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Male	Female	Prefer not to say
If you identify your gender as being different to your sex assigned at birth please tell us how you identify:			

What is your sexual orientation?	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Gay
	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Bisexual
	<input type="checkbox"/>	Prefer Not To Say		
	If you prefer to use your own term, please specify here:			

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 tick the appropriate box. ¹				
Asian/Asian British	<input type="checkbox"/>	Indian	<input checked="" type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese
	Other		<input type="checkbox"/>	Prefer Not To Say
Black/African/Black British /Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean
	Other		<input type="checkbox"/>	Prefer Not To Say
Mixed/Multiple ethnic groups	<input type="checkbox"/>	White + Black Caribbean	<input type="checkbox"/>	White + Black African
	<input type="checkbox"/>	White + Asian	<input type="checkbox"/>	Prefer Not To Say
	Other			
White	<input type="checkbox"/>	English	<input type="checkbox"/>	British
	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Gypsy/Irish Traveller
	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Northern Irish
	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Prefer Not To Say
	Other			
Other ethnic group	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Prefer Not To Say
	Other			

The different ethnic groups are usually determined by the Census and other Government organisations and reflect the most common ethnic groups within the UK at that period.

Religious Beliefs	<input checked="" type="checkbox"/>	No religion/ belief	<input type="checkbox"/>	Buddhist
	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu
	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim
	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Prefer Not To Say
	Other:			

Do you consider yourself to have a disability or health condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer Not To Disclose
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What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write here:

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

Current working pattern?	<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Part-time
	<input type="checkbox"/>	Prefer not to say		

Flexible working arrangement	<input type="checkbox"/>	None	<input type="checkbox"/>	Flexi-time
	<input type="checkbox"/>	Staggered hours	<input type="checkbox"/>	Term-time hours
	<input type="checkbox"/>	Compressed hours	<input type="checkbox"/>	Flexible shifts
	Other:			

Do you have caring responsibilities?	<input type="checkbox"/>	None	<input type="checkbox"/>	Primary carer of a child/children (under 18)
	<input type="checkbox"/>	Primary carer of disabled child/children	<input type="checkbox"/>	Primary carer of disabled adult (18 and over)
	<input type="checkbox"/>	Primary carer of older person	<input type="checkbox"/>	Secondary carer (another person carries out main caring role)
	Prefer not to say			

Please return this form with your Application Form. This Equalities Monitoring Form will be kept separately from your Application Form and used for the purposes of Equalities Monitoring only.