

Equality and Diversity Monitoring Form



Here is some background information about this form



The Scottish Government wants to make sure that it is not discriminating under the Equality Act 2010



It would be helpful if everyone who is applying for the Learning Disability, Autism and Neurodiversity Panel fills out this form to help the Scottish Government make sure that everyone is given the same opportunities



Filling out the Equality and Diversity Monitoring form is voluntary – you do not need to if you do not want to



If you have any questions please email Dougie Morgan

Douglas.morgan@gov.scot



Please email your completed form to

LDAN.Bill@gov.scot



You must get your form completed by Thursday 19th January 2023



Your form must be received by 12am midnight

Equality and Diversity Monitoring Form



We want to make sure you are not treated differently because of



Gender



Gender identity



Age



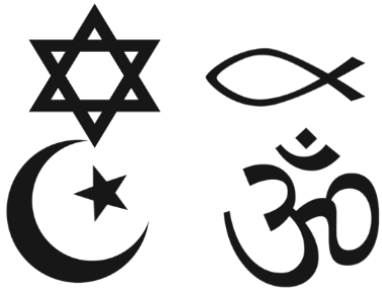
Ethnicity



Disability



Sexual orientation



Religion or beliefs



The people who are involved with your application form will not see this equality and diversity form.

It will be kept in a separate place from your application form

Yes

No

Please put a cross in the boxes in the next sections

Questions



What is your Gender?

- Male
- Female
- Intersex
- Non-binary
- Prefer not to say
- In another way



Is the gender you identify with the same as your gender registered at birth?

- Yes
- No
- Prefer not to say



How old are you?

- 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?

Asian or Asian British

- Indian
- Pakistani
- Chinese
- Prefer not to say

Other Asian background _____

Black, African, Caribbean or Black British

- African
- Caribbean
- Prefer not to say
- Any other

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Prefer not to say
- Any other





White

- English
- Welsh
- Scottish
- Northern Irish
- Irish
- British
- Gypsy or Irish Traveller
- Prefer not to say
- Any other

Other ethnic group

- Arab
- Prefer not to say
- Any other





Do you consider yourself to have a disability or health condition?

- Yes
- No
- Prefer not to say



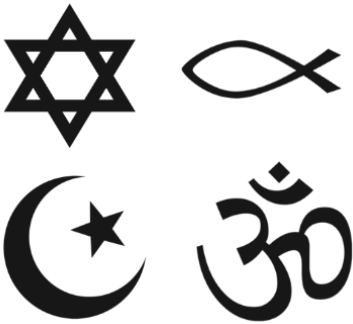
What is the effect or impact of your disability or health condition? Please write here:



What is your sexual orientation?

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Asexual
- Pansexual
- Undecided
- Prefer Not to Say
- If you prefer to use your own identity, please write here _____

What is your religion or belief?



- No religion or belief
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other religion please write here _____



Do you already work?

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



Do you have flexible working arrangements?

- None
- Flexi-time
- Staggered hours
- Term-time hours
- Annualised hours
- Job-share
- Flexible shifts
- Compressed hours
- Homeworking
- Prefer not to say
- If other please write here _____



Do you have caring responsibilities?

- No
- Primary carer of a child or children under 18 years old
- Primary carer of a disabled child or children
- Primary carer of a disabled adult aged 18 or over
- Primary carer of older person
- Secondary carer. Another person carries out the main caring role
- Prefer not to say