



Private and confidential

Equalities Monitoring Form

Sleep Scotland is committed to the provision of equal opportunity, and the removal of barriers to equal opportunity. As a reasonable employer, it undertakes to conduct its affairs in a manner which will not discriminate against, either directly or indirectly, any student, employee, job applicant or volunteer, on the grounds of: disability; gender; transgender; race; ethnic or national origin; religion or belief; age; sexual orientation; marital/family status; parental status; caring responsibilities; hours of work; trade union membership or non-membership; or offending background; unless by virtue of legislation or Genuine Occupational Requirement.

To help us meet this commitment, we would be grateful if you would complete this form. This monitoring form will be separated from your application on receipt and those involved in the selection process will not see it. The information you give will be used solely for the purpose of monitoring the process. Completion of this form is voluntary.

Section 1: (please cross the boxes which apply)		
My age is:	Under 21	
	21 - 30	
	31 - 40	
	41 - 50	
	51 - 60	
	61 - 64	
	65 or over	
	Prefer not to say	

Section 2: (please cross the boxes which apply)		
My gender is:	Male	
	Female	
	Transgender	
	Prefer not to say	

Section 3: (please cross one box only)			
I would describe myself as:	White:	British	
		Irish	
		Any other (please state)	
	Mixed British:	White and Black Caribbean	
		White and Black African	
		White and Asian	
		Any other (please state)	
	Asian or Asian British:	Indian	
		Pakistani	
		Bangladeshi	
		Any other (please state)	
	Black or Black British:	Caribbean	
		African	
		Any other (please state)	
	Chinese or other ethnic group:	Chinese	
		Any other (please state)	
Prefer not to say			

Section 4: (please cross the boxes which apply)		
Religious beliefs:	Christian - Catholic	
	Christian – Protestant	
	Christian – Other	
	Jewish	
	Muslim	
	Buddhist	
	Hindu	
	Sikh	
	Another religion or belief please state	
	Prefer not to say	

Section 5: (please cross one box only)		
Do you consider yourself to have a disability *?	Yes	
	No	
	Prefer not to say	

Section 6: (please cross the boxes which apply)		
Marital status:	Single	
	Married/ Civil partnership	
	Living with partner	
	Separated	
	Divorced /civil partnership dissolved	
	Widow/Widower	
	Prefer not to say	

Section 7: (please cross the boxes which apply)		
Sexual orientation:	Heterosexual	
	Homosexual	
	Bisexual	
	Other	
	Prefer not to say	

Section 8	
Post applied for: (Not applicable for Students)	

Thank you for your co-operation. Please return this form with your application.

* The Disability Discrimination Act 1995 defines disability as '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'.