**Scottish Legal Aid Board**

**Diversity Monitoring**

The Scottish Legal Aid Board (SLAB) is committed to promoting equality and tackling discrimination on any grounds and as an employer, aims to ensure that our job opportunities are open to all. To help us achieve this, it is important that we obtain accurate data from every job applicant and employee.

Although you do not have to provide this information, it would be extremely helpful if you do so, even if you only feel able to provide some of the information requested. All information gathered will be held by the HR department confidentially, securely and in line with the principles of data protection legislation. Line managers will not have access to your diversity monitoring information.

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| **Full Name:**  |   |
| **Date Of Birth** (DD/MM/YY)**:** |  / / [ ]  Prefer not to say |
| **Which one best describes your gender?** | [ ]  Male [ ]  Female [ ]  In another way[ ]  Prefer not to say  |
| **Do you consider yourself to be a trans person?** | [ ]  No [ ]  Yes [ ]  Prefer not to say |
| **Marital Status:**  | [ ]  Never married/ Never  in a Civil Partnership[ ]  Partner[ ]  Married/Civil Partnership[ ]  Separated [ ]  Divorced/Dissolved Civil Partnership  | [ ]  Widowed/Surviving partner from Civil Partnership[ ]  Prefer not to say  |
| **What do** **you feel is your national identity?**  | [ ]  Scottish[ ]  English[ ]  Welsh[ ]  Northern Irish[ ]  British | [ ]  Prefer not to say [ ]  Other (please  specify):  |
| **What is** **your ethnic group?** Choose one option that best describes your ethnic group or background:  | [ ]  Arab, Arab Scottish/British[ ]  African, African Scottish/British[ ]  African Other [ ]  Asian, Asian Scottish/British  Bangladeshi[ ]  Asian, Asian Scottish/British Chinese[ ]  Asian, Asian Scottish/British Indian[ ]  Asian, Asian Scottish/British Pakistani[ ]  Asian, Asian Scottish/British Other [ ]  Black, Black Scottish/British[ ]  Caribbean, Caribbean Scottish/ British | [ ]  Mixed or multiple  ethnic groups[ ]  White British[ ]  White Other British[ ]  White Gypsy/  Traveller[ ]  White Polish[ ]  White Scottish[ ]  White Irish[ ]  White Other [ ]  Prefer not to say[ ]  Other – any other  ethnic groups   |
| [ ]  Caribbean or Black Other **If “Other”** please specify: |  |
| **Which best describes your Sexual Orientation:** | [ ]  Bi/Bisexual[ ]  Gay / Lesbian [ ]  Heterosexual / Straight | [ ]  Prefer not to say [ ]  Other (please  specify): |
| **What religion**, **religious denomination or body do you belong to?** | [ ]  None[ ]  Church of Scotland[ ]  Roman Catholic[ ]  Christian Other [ ]  Muslim [ ]  Buddhist  | [ ]  Sikh[ ]  Jewish [ ]  Hindu[ ]  Prefer not to say [ ]  Other religion or  body (please  specify): |
| **Do you** **have care responsibilities?**  | [ ]  No [ ]  Yes, child only [ ]  Yes, adult only [ ]  Yes, child and adult [ ]  Prefer not to say |
| **Have you ever been in care?**  | [ ]  No [ ]  Yes [ ]  Prefer not to sayIn care means you are or were formally looked after by a local authority, in the family home (with support from social services or a social worker) or elsewhere, for example, in foster care, residential care or kinship care (family friends or relatives). |

**Disability**

The Equality Act 2010 defines a 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.** If you have a disability you will not be asked about this at interview.

Any offer of appointment thereafter would be made after ensuring that the requirements to accommodate your disability could reasonably be met by SLAB.

For example you may be invited to see the working environment and discuss any possible adaption with the Line Manager and HR Representative where necessary.

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| **Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?** | [ ]  No [ ]  Yes [ ]  Prefer not to say |
| **If ‘Yes’** **Which of the following best describes your condition:**  |
| [ ]  Deafness or partial hearing loss [ ]  Blindness or partial sight loss [ ]  Learning Disability [ ]  Learning Difficulty  | [ ]  Developmental disorder [ ]  Physical disability[ ]  Mental health condition | [ ]  Long term illness,  disease or condition [ ]  Prefer not to say  |
| [ ]  Other condition(s) or multiple conditions (please specify): |
| **Are your** **day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | [ ]  No [ ]  Yes, limited a lot | [ ]  Yes, limited a little [ ]  Prefer not to say |
| **Might you** **need SLAB to make any adjustments to accommodate this?**  | [ ]  No [ ]  Yes [ ]  Prefer not to say |
| **If ‘Yes’** Please comment further: |