

# Equality Card



## Equality information to be completed by you.

The Scottish Legal Aid Board collects information to monitor equality of access of people applying for legal aid. We need to ask for some personal information. Completion of this section is voluntary. The answers you provide will **not** affect your application for legal aid / assistance.

You should read the questions on this card and either:

- tell your solicitor your answers

Or

- complete the equality section yourself - it is just before where you sign the application form

# Question 1

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If you do NOT wish to answer ANY equality questions:

- put a cross at Question 1

# Question 2

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**How would you describe your ethnic group?**

Please decide which group you most identify with. Tell your solicitor the number of that group or put that number into the box at question 2 in the equality section of the form.

If you answer OTHER, you can give a specific answer.

## **White**

Scottish - 31

English - 32

Welsh - 33

Northern Irish - 34

British - 35

Irish - 36

Gypsy / Traveller - 37

Polish - 38

Other white ethnic group - you can give a specific answer - 39

## **Mixed or multiple ethnic groups**

Any mixed or multiple ethnic groups- you can give a specific answer - 49

## **Asian, Asian Scottish or Asian British**

- Pakistani, Pakistani Scottish or Pakistani British - 51
- Indian, Indian Scottish or Indian British - 52
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British - 53
- Chinese, Chinese Scottish or Chinese British - 54
- Other - you can give a specific answer - 59

## **African, Caribbean or Black**

- African, African Scottish or African British - 61
- Caribbean, Caribbean Scottish or Caribbean British - 62
- Black, Black Scottish or Black British - 63
- Other - if you wish you can give a specific answer - 69

## **Other ethnic group**

- Arab - 71
- Other - you can give a specific answer - 79

# Question 3

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The Equality Act 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 day-to-day activities.”

**Do you consider yourself to have a disability?**

Put a cross in one of these boxes:

- Yes
- No
- I do not wish to answer this question.

**Thank you for  
completing these  
questions.**

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