

**Equal Opportunities Monitoring Information** This information is voluntary. By providing the information, you help us monitor the statistical data to ensure the council is interacting in a balanced way with groups of people with protected characteristics as defined by the Equality Act 2010

Note for screen reader users: This form uses tables. Type a space after the requested information followed by your answer,  for example Name: John Smith. Press the tab key to navigate to the next cell.

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| **Event / meeting attended: (if applicable) Date:** |

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| **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? Include problems related to old age** |
| Yes  |  |
| No  |  |
| If yes, please mark all that apply  |  |
| Deafness or partial hearing loss |  |
| Blindness or partial sight loss |  |
| Full or partial loss of voice or difficulty speaking |   |
| Learning disability |  |
| Learning difficulty |  |
| Developmental disorder |  |
| Mental health condition |  |
| Physical disability |  |
| Long-term illness, disease or condition |   |
| Prefer not to say |   |

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| **Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical/ mental ill-health/ disability; or problems related to old age? Do not count anything you do as part of your paid employment.** |
| Yes |  |
| No |  |
| Prefer not to say  |  |

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| **What is your sex?** |
| Male  |  |
| Female  |  |
| Prefer not to say  |  |
| Prefer to self-identify – please state: |
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| **What is your sexual orientation?** |
| Gay |   |
| Lesbian  |  |
| Heterosexual / Straight |  |
| Other |  |
| Prefer not to say |   |
| If you prefer to use another term, please provide this here: |

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| **Do you consider yourself to be trans, or have a trans history?** |
| Yes |  |
| No |  |
| Prefer not to say |  |

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| **Age group** |
| Under 20 |   |
| 20-29 |   |
| 30-39 |   |
| 40-49 |  |
| 50-59 |  |
| 60 + |  |
| Prefer not to say  |  |

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| **Employment status** |
| Employed |   |
| Unemployed |  |
| Student |   |
| Retired |  |
| Other |  |
| Prefer not to say |  |

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| **Please indicate your ethnicity and nationality by ticking the relevant box or in your own words** |
| White - Scottish |  |
| White - British |  |
| White - Irish |  |
| White - Gypsy/Traveller |  |
| White - Roma |  |
| White - Showman / Showwoman |  |
| White - Eastern European |  |
| Other White Ethnic Group |  |
| African, Scottish African or British African |  |
| African - Other |  |
| Caribbean Or Black  |  |
| Indian, Scottish Indian or British Indian |  |
| Pakistani, Scottish Pakistani or British Pakistani |  |
| Bangladeshi, Scottish Bangladeshi or British Bangladeshi |  |
| Chinese, Scottish Chinese or British Chinese |  |
| Other Asian, Scottish Asian or British Asian |  |
| Mixed Or Multiple |  |
| Arab, Scottish Arab or British Arab |  |
| Other Ethnic Group |  |
| Prefer not to say  |  |
| Prefer to self-identify – please state  |

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| **What is your legal marital status?** |
| Single  |  |
| Married / Civil partnership  |  |
| Prefer not to answer |  |

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| **What religion, religious denomination or body do you belong to?** |
| None  |  |
| Buddhist  |  |
| Christian  |  |
| Church Of Scotland |  |
| Roman Catholic |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Humanist |  |
| Pagan |  |
| Other Religion Or Belief – please state  |
| Prefer not to answer  |  |

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End of form.