**Rutherglen and Cambuslang Housing Association**

**Equality monitoring for employees and employment applicants**

This form collects information about equalities. You choose what questions to answer. By answering as many questions as you can, you will help us plan and deliver better services, promote equality objectives and eliminate discrimination in what we do. Further information is contained in the enclosed “How we use your equality information” leaflet.

Please contact us if you do not understand something, if you require further information or if you would like to receive this form in an alternative format at 0141 647 4917 or info@randcha.co.uk

# Section A

# Information for completing Section A of the form

Any information you provide in Section A of the form will be linked to you, if you include your name.

# Disability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a disabled person? | Yes |  | No |  |

If yes, please tick the box which category you would use from the following list:

|  |  |
| --- | --- |
| Autoimmune: (for example, multiple sclerosis, HIV, Crohn’s/ulcerative colitis) |  |
| Learning difficulties: (for example, Down’s Syndrome) |  |
| Mental health issue: (for example, depression, bi-polar) |  |
| Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia) |  |
| Physical impairment: (for example, wheelchair-user, cerebral palsy) |  |
| Sensory impairment: (hearing impairment) |  |
| Sensory impairment: (visual impairment) |  |
| Other: If none of the categories above apply to you, please specify the nature of your impairment. |  |
| Prefer not to say |  |

Please use the space below to advise us if you have any requirements.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Please tick here if you want to discuss this matter in confidence: |  |

By completing and submitting Section A of the form, you consent to us handling and using the personal information you provide in Section A in accordance with the enclosed “How we use your equality information” leaflet. You can withdraw your consent at any time by contacting us.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

# Section B

# Information for completing Section B of the form

Any information you provide in Section B of the form will not be linked to you. This should be returned anonymously. It will be held separately, confidentially and securely.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick the band for your age:** | 16–24 |  | 25–34 |  |
| 35–44 |  | 45–54 |  |
| 55–65 |  | 65+ |  |
| Prefer not to say |  |  | | |

# Belief or religion

Please tick the box which best describes your belief or religion from the list below?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Buddhism: | | |  | |  |
| Christianity | | |  | |  |
| Catholic: |  | Protestant: |  | Other: |  |
| Hinduism: | | |  | |  |
| Islam: | | |  | |  |
| Judaism: | | |  | |  |
| Sikhism: | | |  | |  |
| Other religion (please state what this is): | | |  | | |
| No specific belief in religion (for example, atheism or | | | agnosticism): | |  |
| Other belief (for example, humanism): | | |  | |  |
| Prefer not to say | | |  | |  |

# Ethnicity

Please tick the box that best describes your group.

**African**

|  |  |  |
| --- | --- | --- |
| African, African Scottish or African British: | |  |
| Other African background (please specify): |  | |

**Asian, Scottish Asian or British**

|  |  |  |
| --- | --- | --- |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British: | |  |
| Indian, Indian Scottish or Indian British: | |  |
| Pakistani, Pakistani Scottish or Pakistani British: | |  |
| Chinese, Chinese Scottish or Chinese British: | |  |
| Other Asian background (please specify): |  | |

**Black or Caribbean**

|  |  |
| --- | --- |
| Caribbean, Caribbean Scottish or Caribbean British |  |
| Black, Black Scottish or Black British |  |
| Other Caribbean or Black background (please specify) |  |

**Mixed groups**

|  |  |
| --- | --- |
| Mixed or multiple ethnic group (please specify) |  |

**White**

|  |  |
| --- | --- |
| English |  |
| Gypsy Traveller |  |
| Irish |  |
| Polish |  |
| Roma |  |
| Scottish |  |
| Welsh |  |
| Other British |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other group:  Please specify your ethnic group | Yes |  | No |  |  |
|  |  |  |  | |
|  |  |  |  |  | |
| Prefer not to say: |  |  |  |  | |

# Marriage and civil partnership

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you presently in a civil partnership? | Yes |  | No |  |
| Are you presently married? | Yes |  | No |  |
| Prefer not to say |  |  | |  |

**Pregnancy and maternity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you pregnant? | Yes |  | No |  |
| Have you taken maternity or paternity leave in the past year? | Yes |  | No |  |
| Prefer not to say |  |  | |  |

# Sex

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What is your sex? | Female |  | Male |  | Intersex |  |
| Prefer not to say |  |  | |  | |  |

# Gender re-assignment (trans/transgender)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to be a trans person? | Yes |  | No |  |
| Prefer not to say |  |  | | |

# Sexual orientation

**What is your sexual orientation?**

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Heterosexual/straight |  |
| Lesbian/gay woman |  |
| Other |  |
| Prefer not to say |  |