**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 say  In 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: | | |