



Comhairle nan Eilean Siar

Equal Opportunities Monitoring Form

CONFIDENTIAL

Comhairle nan Eilean Siar is committed to ensuring equal opportunities for all applicants to its posts and for all employees in its service. In order to check the effectiveness of our Equal Opportunities Policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated in strict confidence and no names will be shown in any statistics

Post Applied For:		Ref. No:	
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Where did you see the vacancy advertised?	
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Title	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname:	Other <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	
Forename(s):	Transgender:	Have you ever identified as a transgender person/trans person?	
Date of Birth:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
Payroll Number (If Applicable)			

Marital Status:	What is your legal marital status?			
Single <input type="checkbox"/>	Separated <input type="checkbox"/>	Married / Civil Partnership <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Living with Partner <input type="checkbox"/>	Divorced <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>		

Caring Responsibilities:	Do you have caring responsibilities?			
Yes (children under 18) <input type="checkbox"/>	Yes, other <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	

Religion or Belief:	What is your Religion or Belief?			
Buddhist <input type="checkbox"/>	Sikh <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	
Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Church of Scotland <input type="checkbox"/>		
Jewish <input type="checkbox"/>	None <input type="checkbox"/>	Other Christian <input type="checkbox"/>		
Other, please specify				

Sexual Orientation:	What is your sexual orientation?			
Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual / Straight <input type="checkbox"/>		
Lesbian <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>		

National Identity:	What is your national identity?			
Scottish <input type="checkbox"/>	English <input type="checkbox"/>	Welsh <input type="checkbox"/>		
Northern Irish <input type="checkbox"/>	British <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>		
Other, please specify				

Ethnic Origins:	What is your ethnic group? Choose one from Section A to F.		
A. White			
Scottish	<input type="checkbox"/>	Other British	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	Eastern European (eg Polish)	<input type="checkbox"/>
		Irish	<input type="checkbox"/>
		Other White ethnic group	<input type="checkbox"/>
B. Mixed or Multiple Ethnic Group			
Any mixed or multiple ethnic groups <input type="checkbox"/>			
C. Asian, Asian Scottish or Asian British			
Pakistani (inc. Scottish/British)	<input type="checkbox"/>	Chinese (inc. Scottish/British)	<input type="checkbox"/>
Indian (inc. Scottish/British)	<input type="checkbox"/>	Bangladeshi (inc. Scottish/British)	<input type="checkbox"/>
		Other	<input type="checkbox"/>
D. African			
African (inc. Scottish/British)	<input type="checkbox"/>	Other	<input type="checkbox"/>
E. Caribbean or Black			
Caribbean (inc. Scottish/British)	<input type="checkbox"/>	Black (inc. Scottish/British)	<input type="checkbox"/>
		Other	<input type="checkbox"/>
F. Arab			
Arab (inc. Scottish/British)	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>		
Other, please specify	<input type="checkbox"/>	

Disability:	Under the terms of the Equality Act 2010, a disability is defined 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 tasks.		
Do you consider that you have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>

Disability (Impairment):	If yes to the above question, please state the type of impairment which applies to you. If no categories apply, please select 'Other' and specify the type of impairment.		
Learning disability, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head injury).			
Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy.			
Mental health condition, such as depression or schizophrenia.			
Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.			
Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment.			
Other, such as disfigurement.			
Prefer not to answer.			

Comhairle Employee:	For Existing Comhairle Employees only: Are you applying for a promoted post?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	

Data Protection Act 1998: The information provided by you constitutes sensitive personal data in terms of the Data Protection Act 1998. The information will be held securely by Comhairle nan Eilean Siar, Sandwick Road, Stornoway. This information will be used to provide a statistical profile of all applicants and will be kept separate from your application. The information may be disclosed to other persons or bodies in order to comply with the Comhairle's legal obligations. Disclosures will be of anonymous statistical information only. Further information on your rights under the Act may be obtained from the Head of Executive Office, CNES, Sandwick Road, Stornoway.

Declaration: I consent to the processing of this information by Comhairle nan Eilean Siar for the above purposes.

Signature: **Date:**