

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	<input type="checkbox"/>	No	<input type="checkbox"/>
----------------------------	-----	--------------------------	----	--------------------------

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)	<input type="checkbox"/>
Learning difficulties: (for example, Down's Syndrome)	<input type="checkbox"/>
Mental health issue: (for example, depression, bi-polar)	<input type="checkbox"/>
Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia)	<input type="checkbox"/>
Physical impairment: (for example, wheelchair-user, cerebral palsy)	<input type="checkbox"/>
Sensory impairment: (hearing impairment)	<input type="checkbox"/>
Sensory impairment: (visual impairment)	<input type="checkbox"/>
Other: If none of the categories above apply to you, please specify the nature of your impairment.	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

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

<div></div>

Please tick here if you want to discuss this matter in confidence:	<input type="checkbox"/>
--	--------------------------

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:	<div></div>
Signature:	<div></div>
Date:	<div></div>

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.

Age

What is your age?	
Prefer not to say	

Alternative format:

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:	<input type="checkbox"/>
Other African background (please specify):	<input type="checkbox"/>

Asian, Scottish Asian or British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British:	<input type="checkbox"/>
Indian, Indian Scottish or Indian British:	<input type="checkbox"/>
Pakistani, Pakistani Scottish or Pakistani British:	<input type="checkbox"/>
Chinese, Chinese Scottish or Chinese British:	<input type="checkbox"/>
Other Asian background (please specify):	<input type="checkbox"/>

Black or Caribbean

Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>
Black, Black Scottish or Black British	<input type="checkbox"/>
Other Caribbean or Black background (please specify)	<input type="checkbox"/>

Mixed groups

Mixed or multiple ethnic group (please specify)	<input type="checkbox"/>
---	--------------------------

White

English	<input type="checkbox"/>
Gypsy Traveller	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other British	<input type="checkbox"/>

Other group: Please specify your ethnic group	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>				

Prefer not to say:	<input type="checkbox"/>
--------------------	--------------------------

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	