**Equalities and Diversity Monitoring Form**

Completing this form will help Citizens Advice Scotland monitor equality and diversity statistics. This information is not part of your application and will not be used in any part of the selection process. The information will be stored anonymously and confidentially.

Please do not put your name or the role you have applied for anywhere on this form. Return it separate from your other application documents by emailing: bureau@dundeecab.org.uk

## Gender

#### Which one of the following best describes your gender?

**☐** Male

**☐** Female

**☐** Prefer not to say

**☐** Prefer to self-describe: ………………………………………………………………………………....

## Gender Identity

Is your gender identity the same as the sex you were assigned at birth?

**☐** Yes

**☐** No

**☐** Prefer not to say

**Sexual Orientation**

Which of the following best describes your sexual orientation?

**☐** Bisexual

**☐** Gay man

**☐** Gay Woman / Lesbian

**☐** Heterosexual / Straight

**☐** Prefer not to say

**☐** Prefer to self-describe: ………………………………………………………………………………...

**Disability**

Do you consider yourself to be disabled?

**☐** Yes

**☐** No

**☐** Prefer not to say

## Age

**☐** 16-24 **☐** 25-34 **☐** 35-44

**☐** 45-54 **☐** 55-65 **☐** 65+

**☐** Prefer not to say

**Ethnicity**

Please tick the box for the group to which you perceive you belong:

**White**

**☐** Scottish

**☐** English

**☐** Welsh

**☐** Northern Irish

**☐** British

**☐** Irish

**☐** Gypsy/Traveller

**☐** Polish

**☐** Any other White ethnic group, please describe:

…………………………………………………………………………………

**Mixed or Multiple ethnic groups**

**☐** Any Mixed or Multiple ethnic groups, please describe:

…………………………………………………………………………………

**Asian, Asian Scottish or Asian British**

**☐** Pakistani, Pakistani Scottish or Pakistani British

**☐** Indian, Indian Scottish or Indian British

**☐** Bangladeshi, Bangladeshi Scottish or Bangladeshi British

**☐** Chinese, Chinese Scottish or Chinese British

**☐** Any other Asian, please describe:

…………………………………………………………………………………

**African**

**☐** African, African Scottish or African British

**☐** Any other African, please describe:

…………………………………………………………………………………

**Caribbean or Black**

**☐** Caribbean, Caribbean Scottish or Caribbean British

**☐** Black, Black Scottish or Black British

**☐** Any other Caribbean or Black, please describe:

…………………………………………………………………………………

**Other ethnic group**

**☐** Arab, Arab Scottish or Arab British

**☐** Any other ethnic group, please describe:

…………………………………………………………………………………

**☐** Prefer not to say

**Religion and Belief**

**☐** Buddhist

**☐** Christian

**☐** Hindu

**☐** Jewish

**☐** Muslim

**☐** Non-religious

**☐** Sikh

**☐** Prefer not to say

**☐** Other religion or belief: …………………………………………………………………………………

**Caring Responsibilities**

Do you have any caring responsibilities? (please tick all that apply)

**☐** None

**☐** Primary carer of a child or children (under 18 years)

**☐** Primary carer of a disabled child or children

**☐** Primary carer or assistant for a disabled adult (18 years and over)

**☐** Primary carer or assistant for an older person or people (65 years and over)

**☐** Secondary carer (another person carries out main caring role)

**☐** Prefer not to say