**Explanatory Notes**

The Scottish Information Commissioner (the Commissioner) is committed to ensuring that all members of staff or potential members of staff are treated equally, without discrimination on the grounds of sex, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age.

## Disability monitoring

No employer should discriminate against or harass an employee (or potential employee) who has a disability. The Act requires an employer (or potential employer) to make reasonable adjustments to arrangements for work/recruitment, where these arrangements put a disabled person at a disadvantage. The Commissioner has obligations under the Act in relation to employment practices and the provision of goods, facilities and services.

Where a disabled person would otherwise be placed at a substantial disadvantage compared with people who are not disabled, the Commissioner, as far as reasonably possible, will:

* change the way things are done so that any employee is not put at a substantial disadvantage by a provision, criterion or practice of their employer
* make changes to overcome barriers created by the physical features of the workplace
* provide extra equipment or arrange for someone to do something to assist the disabled person

**What will we do with the completed equality and diversity forms?**

Completing this form is voluntary. The information provided in this form will be kept confidential and will be used for recruitment monitoring purposes only.

A report of the information gathered from completed forms will be prepared and used for management reporting relating to recruitment. Whilst this is done, the completed equality and diversity monitoring forms will be held securely. Once the management report has been prepared, the equality and diversity monitoring forms will be securely destroyed.

**Data protection**

The Commissioner’s Privacy Notice is available here - [Privacy notice | Scottish Information Commissioner (foi.scot)](https://www.foi.scot/privacy-notice). A paper copy can be provided on request and if you would like a paper copy please email [enquiries@foi.scot](mailto:enquiries@foi.scot).

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| **Sex**  A person’s legal sex is determined by what is recorded on their birth certificate. |
| * Male * Female * Prefer not to say |
| **Gender identity**  This is the gender category a person identifies with and may not match the gender (sex) registered on a person’s birth certificate.  A transgender person is anyone whose gender identity differs from their gender (sex) registered at birth.  A transsexual person is a person who physically transforms from male to female or vice versa. |
| Do you identify as transgender or transsexual?   * Yes * No * Prefer not to say   If you prefer to use your own description or another description of gender identity, please include details here: |
| **Age**  Please select the appropriate box. |
| * 16-19 * 20-24 * 25-29 * 30-34 * 35-39 * 40-44 * 45-49 * 50-54 * 55-59 * 60-64 * 65 - 69 * 71+ * Prefer not to say |
| **What is your ethnicity?**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group that a person perceives they belong to.  Please select the appropriate box. |
| **Asian, Scottish Asian, British Asian**   * Indian * Pakistani * Bangladeshi * Chinese * Prefer not to say   Any other Asian, Scottish Asian or British Asian groupplease include details here if you would like to do this:  **Black, Black Scottish, Black British**   * African * Caribbean * Prefer not to say   Any other Black, Black Scottish or Black British group, please include details here if you would like to do this:  **Mixed or multiple ethnic groups**   * White and Black Caribbean * White and Black African * White and Asian * Prefer not to say   Any other Mixed or Multiple ethnic group, please include details here if you would like to do this:  **White**   * English * Scottish * Welsh * Northern Irish * British * Irish * Polish * Gypsy or Traveller * Roma * Prefer not to say   Any other White group, please include details here if you would like to do this:  **Any other ethnic group**   * Arab, Scottish Arab, British Arab * Any other ethnic group * Prefer not to say   Any other ethnic group, please include details here if you would like to do this: |
| **What is your sexual orientation?**  This is a person’s identity in relation to the gender or genders to which they are sexually attracted.  Please select the appropriate box. |
| * Heterosexual or straight * Gay or lesbian * Bisexual * Other sexual orientation not listed * Prefer not to say   If you prefer to use another description or your own description, please include details here if you would like to do this: |
| **What is your religion or strongly held belief?**  Please select the appropriate box to describe your religion or other strongly held belief. |
| * No religion or strongly held belief * Christian (including Church of Scotland, Church of England, Catholic, Protestant) * Other Christian denomination * Buddhist * Hindu * Jewish * Muslim * Sikh * Pagan * Prefer not to say   If you have another religion or strongly held belief, please include details here if you would like to do this: |

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| **Working Pattern**  Please select the appropriate box which describes your usual working pattern. |
| * Full-time * Part-time * Prefer not to say |
| **Do you have a flexible working arrangement?**  Please select the appropriate box which describes your flexible working arrangement (if any). |
| * None * Flexi-time * Staggered hours * Term-time hours * Annualised hours * Job-share * Compressed hours * Permanent remote working * Prefer not to say |
| **Do you have caring responsibilities?**  If yes, please select the appropriate box/es which apply. |
| * None * Primary carer of a child/children (under 18) * Primary carer of disabled child/children * Primary carer of disabled adult * Primary carer of older person * Secondary carer (another person carries out the main caring role) * Prefer not to say |
| **Do you consider yourself to have a disability or health condition?**  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". An effect is long-term if it has lasted, or is likely to last, more than 12 months.  Please select the appropriate box which applies. |
| * Yes * No * Used to have a disability but have recovered now * Don’t know * Prefer not to say   What is the effect or impact of your disability or health condition on your work? Please include the details here if you would like to do this: |

Thank you for completing this form.