

Equal Opportunities Monitoring Form - OPTIONAL

IoLCT is committed to recruiting, retaining and developing a workforce that reflects at all grades the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can ensure that our HR processes are fair, transparent, promote equality of opportunity for all staff, and do not have an adverse impact on any particular group. Your cooperation in providing us with accurate data will ensure that we, not only meet our legal obligations, but even more importantly will result in us designing and applying policies and processes that attract and retain a diverse, talented and motivated workforce. Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. It will not be seen by anybody directly involved in the selection process. No information will be published or used in any way which allows any individual to be identified.

Note: If you are working in Word 97 or PDF, these formats do not support check boxes so please highlight or delete as applicable. This form may be returned by post if preferred to Jane Churchill, c/o The Atlantic Islands Centre, 15 Cullipool Village, Oban, PA34 4BU

Gender Male Female

Are you married or in a civil partnership Yes No

Age 16-24 25-29 30-34 35-39 40-44
 45-49 50-54 55-59 60-64 65+
 Prefer not to say

How would you describe your national identity?

English Welsh Scottish Northern Irish
 British Other Prefer not to say

What is your ethnicity?

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box

White

English Welsh Scottish Northern Irish
 Irish Gypsy or Irish Traveller Other White background

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African
 White and Asian Any other mixed background

Asian/Asian British

Indian Pakistani
 Bangladeshi Chinese
 Any other Asian background

Black/ African/ Caribbean/ Black British

African Caribbean
 Other Black/African/Caribbean background

Other ethnic group

Arab Any other ethnic group
 Prefer not to say

Do you consider yourself to be disabled? Yes No Prefer not to say

Any information you provide here will be used for monitoring purposes only – if you need a ‘reasonable adjustment’, then please advise us in your covering letter (or separate letter). We will take reasonable steps to meet your particular needs.

What is your sexual orientation?

Heterosexual/straight	<input type="checkbox"/>	Gay woman/lesbian	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

What is your religion or belief?

No religion	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Any other religion	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

What is your current working pattern?

Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

What is your flexible working arrangement?

None	<input type="checkbox"/>	Flexi-time	<input type="checkbox"/>
Staggered hours	<input type="checkbox"/>	Term-time hours	<input type="checkbox"/>
Annualised hours	<input type="checkbox"/>	Job-share	<input type="checkbox"/>
Flexible shifts	<input type="checkbox"/>	Compressed hours	<input type="checkbox"/>
Homeworking	<input type="checkbox"/>	Other	<input type="checkbox"/>

Do you have caring responsibilities? If yes please tick all that apply

None	<input type="checkbox"/>		
Primary carer of a child/children (under 18)	<input type="checkbox"/>	Primary carer of disabled child/children	<input type="checkbox"/>
Primary carer of disabled adult (18 and over)	<input type="checkbox"/>	Primary carer of older person (65+)	<input type="checkbox"/>
Secondary carer	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

By completing this form you have helped us better understand how we, as an employer, ensure equality of opportunity for all.

Thank you for completing this form.