

SCOTTISH CHAMBER ORCHESTRA

Equal Opportunities Monitoring Form

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

ABOUT THE VACANCY

Please state which job you have applied for and the closing date given for applications.

Job applied for:

Closing date for applications:

Where did you hear about this job (please tick)?

Newspaper
(please specify)

☐

Friend

☐

Recruitment
company

☐

.....

Company website

☐

Social Media
(please specify)

☐

Other (please
specify)

☐

.....

.....

GENDER

What is your gender (please tick)? (If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

GENDER IDENTITY

Do you identify as transgender/transsexual?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

ETHNIC GROUP

How would you describe your nationality and/or ethnicity (please tick)?

A White:		B Mixed race:		C Asian or Asian British:	
British - English, Scottish or Welsh	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		Other Mixed background	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
D Black or Black British:		E Chinese and other groups:			
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
African	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>		
Other Black background	<input type="checkbox"/>				

AGE

What is your age (please tick)?

16–17	<input type="checkbox"/>	18–21	<input type="checkbox"/>	22–30	<input type="checkbox"/>	31–40	<input type="checkbox"/>	41–50	<input type="checkbox"/>
51–60	<input type="checkbox"/>	61–65	<input type="checkbox"/>	66–70	<input type="checkbox"/>	71+	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

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

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

	Yes	Partially	No
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:

I have no particular religion or belief ☐

Prefer not to say ☐

DISABILITY

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.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Used to have a disability but have now recovered	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		