**Statutory Manager List**

**Equal Opportunities and Diversity Monitoring**

SHR is committed to meeting our equality duties and performing our functions in a way which encourages equal opportunities.

Although you do not have to provide this information, it would be extremely helpful if you do so, even if you only feel able to provide some of the information requested. All information gathered will be held in the strictest confidence, accessible only to a restricted number of SHR staff who will require it, and in line with the principles of Data Protection Legislation. The lawful basis for processing this information is that it is necessary for reasons of substantial public interest for the purposes of equality of opportunity or treatment. It will be used only for the purposes of monitoring and collated data will never be published where the numbers are small to ensure that individuals cannot be identified.

This information will form no part of the selection process.

**Age**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |

Disability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a disabled person?  | Yes |  | No |  |

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

Ethnicity

Please tick the box that best describes your particular group.

**African**

|  |  |
| --- | --- |
| African, African Scottish or African British: |  |
| Other African background (please specify): |  |

**Asian, Scottish Asian or British**

|  |  |
| --- | --- |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British: |  |
| Indian, Indian Scottish or Indian British: |  |
| Pakistani, Pakistani Scottish or Pakistani British: |  |
| Chinese, Chinese Scottish or Chinese British: |  |
| Other Asian background (please specify): |  |

**Black or Caribbean**

|  |  |
| --- | --- |
| Caribbean, Caribbean Scottish or Caribbean British  |  |
| Black, Black Scottish or Black British |  |
| Other Caribbean or Black background (please specify) |  |

**Mixed groups**

|  |  |
| --- | --- |
| Mixed or multiple ethnic group (please specify) |  |

**White**

|  |  |
| --- | --- |
| English |  |
| Gypsy Traveller |  |
| Irish |  |
| Polish |  |
| Roma |  |
| Scottish |  |
| Welsh |  |
| Other British |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other group:  | Yes |  | No |  |
| Please specify your ethnic group |  |

|  |  |
| --- | --- |
| Prefer not to say: |  |

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 |  |

Particular Requirements

If you have any particular requirements relating to any of the questions you have answered, and would like to discuss further in confidence, please contact Kevin Gavigan by emailing Kevin.Gavigan@shr.gov.scot