**Equality monitoring form (Job Applicants)**

|  |  |
| --- | --- |
| **Name of social landlord:** | **Rosehill Housing Association Limited** |

**Information for those completing the form.**

**Why are we asking for equality information?**

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The 9 protected characteristics as set out in the Equality Act 2010 are:

* age.
* disability.
* gender reassignment.
* marriage or civil partnership
* pregnancy and maternity.
* race.
* religion or belief.
* sex.

**What do we do with equality information?**

We use equality information for a range of purposes, including to help us to:

* protect and promote your rights and interests.
* promote equality objectives across the Organisation.
* identify and address individual needs and improve our services.
* identify and eliminate any form of discrimination.

**Do you need to answer every question?**

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us. You can complete some questions and not others or you can complete parts of questions. The form has space for you to tell us more about your needs if you want.

**Are the answers I provide anonymous?**  
  
Yes – the answers you provide are completely anonymous and will not be linked back to you in any way. All information will be treated in the strictest confidence and will not be seen by any staff directly involved in the recruitment process.

**Who do we gather equality information about?**

We gather equality information from:

* people who apply for a home
* tenants
* people who apply for a job with us
* our employees
* board and committee members.
* Elected members (in case of local authorities).
* People who receive a factoring service from us.

**Other formats**: We can provide this document in alternative formats. Should you require this information in an alternative format, please contact our office on 0141 881 0595.

**Age**

|  |  |
| --- | --- |
| **What is your age?** |  |
| Prefer not to say |  |

***Alternative format:***

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to be disabled? | 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 ethnicity.

**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: | 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 currently pregnant or have you been pregnant in the last year? | 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to be transgender? | 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 requirements relating to any of the questions you have answered, and would like to discuss further in confidence, please contact Aileen Innes, Corporate Services & HR Manager on 0141 881 0595.