

Diversity Monitoring Form

Diversity at the Scottish Legal Complaints Commission (SLCC)

The SLCC is committed to the promotion of equality and diversity. The SLCC is also subject to various legal obligations: particularly those concerning disability, gender, race, sexual orientation, religion and age. We strive to make this commitment and our related obligations a central part of all we do.

About this form

This monitoring form is an essential part of the way that we seek to manage relevant performance at the SLCC. It enables us to be aware of how diverse we actually are and to ensure that appropriate provisions are made to both develop and accommodate our diverse workforce. This is important in helping us to continue to improve and meet the needs of an increasingly diverse consumer and business sector.

How it will be used

The information on this form will be strictly CONFIDENTIAL and the related data will be used as part of statistical considerations for planning and development purposes. Access to any related files will of course be strictly compliant with the Data Protection Act 1998

Surname:

First Name:

Date of Birth:

Position Applied for:

Vacancy reference no:

ETHNICITY

Which ethnic group do you most identify with? The categories below are based on the broad categories used in the 2001 Census as recommended by the Commission for Racial Equality (CRE). Please indicate with an X the relevant box.

Asian or Asian British	Bangladeshi	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
Chinese or other ethnic group	Chinese	<input type="checkbox"/>
	Any other ethnic background	<input type="checkbox"/>
Mixed	Asian and White	<input type="checkbox"/>
	Black African and White	<input type="checkbox"/>
	Black Caribbean and White	<input type="checkbox"/>
	Any other Mixed background	<input type="checkbox"/>
White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>
Prefer not to say:		<input type="checkbox"/>

Diversity Monitoring Form

RELIGION AND BELIEFS

What is your religion or belief?

Agnostic

Atheist

Bahá'i Faith

Buddhism

Christianity

Hinduism

Islam

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Jainism

Judaism

Sikhism

Zoroastrianism

None

Prefer not to say

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Other Philosophical belief or religion (please specify)

SEX AND GENDER

How do you identify yourself?

Female Male Transsexual Prefer not to say

Which of the following statements best describes you?

Bisexual

Gay / Lesbian

Heterosexual

Prefer not to say

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Diversity Monitoring Form

DISABILITY

A Disabled person is defined in the Disability Discrimination Act as someone with a physical or mental impairment that has a substantial and long-term impact on their ability to carry out day to day activities. This includes progressive and long-term conditions from the point of diagnosis such as HIV, Multiple Sclerosis or Cancer.

Having read this do you consider yourself to be covered by the definition?

Yes No Prefer not to say

If you answered yes, can you please indicate the day-to-day activities affected by your disability.
(Please indicate with an X as many as applicable)

Eyesight	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Speech	<input type="checkbox"/>
Progressive condition	<input type="checkbox"/>
Mobility	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>
Physical coordination	<input type="checkbox"/>
Ability to learn or understand, or memory	<input type="checkbox"/>
Ability to lift, carry or move everyday objects	<input type="checkbox"/>

If you wish, please state your disability here:

Please give details of any special arrangements you may require:

We will try to provide access, equipment or other practical support to people with disabilities.

DECLARATION

I understand that the information I have provided above will be recorded and processed on the HR database of the SLCC in accordance with the Data Protection Act 1998 and the data protection principles contained therein.

Name:

Signed:

Date: