# **Equality and Diversity Monitoring Form**

Completing this form will help Perth Citizens Advice Bureau monitor equality and diversity statistics. This information is not part of your application and will not be used in any part of the selection process. The information will be stored anonymously and confidentially.

Please do not put your name anywhere on this form. Please return it separately from your other application documents by emailing it to: Karen.campbell@perthcab.org.uk

Position applying for: Help to Claim Adviser (Universal Credit)

#### Gender

Which one of the following best describes your gender?

Male

- □ Female
- □ Prefer not to say
- □ Prefer to self-describe: .....

## **Gender Identity**

Is your gender identity the same as the sex you were assigned at birth?

- □ Yes
- 🗆 No

□ Prefer not to say

#### **Sexual Orientation**

Which of the following best describes your sexual orientation?

Bisexual

- Gay man
- Gay Woman / Lesbian
- □ Heterosexual / Straight
- □ Prefer not to say
- □ Prefer to self-describe: .....

# Disability

Do you consider yourself to be disabled?

Yes

🗆 No

Prefer not to say

# Age

□ 16-24	□ 25-34	□ 35-44
□ 45-54	□ 55-65	<b>6</b> 5+

□ Prefer not to say

# Ethnicity

Please tick the box for the group to which you perceive you belong:

🗆 Arab

<ul> <li>Asian/Asian British: Indian</li> <li>Asian/Asian British: Pakistani</li> <li>Asian/Asian British: Bangladeshi</li> <li>Asian/Asian British: Chinese</li> <li>Other Asian:</li></ul>
Black/Black British: African
Black/Black British: Caribbean
Other Black/Black British:
<ul> <li>Mixed: White and Black Caribbean</li> <li>Mixed: White and Black African</li> <li>Mixed: White and Asian</li> <li>Other Mixed:</li> </ul>
U White: British
U White: Irish
White: Gypsy or Irish Traveller
Other White:
Any other ethnic group:
Prefer not to say

### **Religion and Belief**

- Buddhist
- Christian
- 🗆 Hindu
- 🗆 Jewish
- Muslim
- □ Non-religious
- 🗆 Sikh
- □ Prefer not to say
- □ Other religion or belief: .....

### **Caring Responsibilities**

Do you have any caring responsibilities? (please tick all that apply)

- □ None
- □ Primary carer of a child or children (under 18 years)
- □ Primary carer of a disabled child or children
- □ Primary carer or assistant for a disabled adult (18 years and over)
- □ Primary carer or assistant for an older person or people (65 years and over)
- □ Secondary carer (another person carries out main caring role)
- □ Prefer not to say