Completing this form will help Skye & Lochalsh 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. Return it separate from your other application documents by emailing it to: office@slcab.org.uk

## **Position applying for:** ……………………………………………………………………………………

## **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  65+

Prefer not to say

**Ethnicity**

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

Arab

Asian/Asian British: Indian

Asian/Asian British: Pakistani

Asian/Asian British: Bangladeshi

Asian/Asian British: Chinese

Other Asian: ……………………………………………………………………………………………. ….

Black/Black British: African

Black/Black British: Caribbean

Other Black/Black British: ………………………………………………………………………………

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Other Mixed: ………………………………………………………………………………………………..

White: British

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