**JudoScotland Logo

Description automatically generated with medium confidence
**

**Equal Opportunities Monitoring Form**

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| **Confidential** |
| **JudoScotland** is committed to selecting staff solely on the basis of their ability to do the job for which they are being recruited regardless of age, disability, gender, trans status, sexual orientation, pregnancy, marriage and civil partnership, religion and belief and ethnic group.  Please help us to become a more inclusive employer and to create a safe and inclusive workplace where everyone is treated fairly by completing and returning this form. Your answers will be kept **strictly confidential** and are used for monitoring purposes only. This form will be detached from your application form and will be treated as anonymous. It will **not** be seen by the panel which shortlists or interviews for the job. |

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| **Application Details** | |
| **Position Applied for:** | Club Support Officer |
| **Where did you see this position advertised:** |  |

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| **Age** | | | | | |
| **Is your age between (please tick):** | | | | | |
| **16 - 24** |  | **25 - 34** |  | **35 - 44** |  |
| **45 – 54** |  | **55 – 64** |  | **65 & Over** |  |
| **Prefer not to say** |  |

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| **Disability** | | | | | |
| **Do you consider yourself to have a disability (please tick):**  ***According to the Equality Act 2010 ‘disability’ is defined as a physical or mental impairment which has a “substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”.*** | | | | | |
| **Yes** |  | **No** |  | **Prefer not to say** |  |
| **If yes, please identify the nature of your disability:** | | | | | |
| **Physical Disability** |  | **Sensory (Blind/Visually Impaired)** |  | **Sensory (Deaf/Hearing Impaired)** |  |
| **Learning Disability** |  | **Prefer not to say** |  |

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| **Gender** | | | | | |
| **Which of the following best describes your gender (please tick):** | | | | | |
| **Female** |  | **Male** |  | **Prefer not to say** |  |
| **Other** |  | **Please specify** |  | | |

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| **Trans Status** | | | | | |
| **Do you consider yourself to be a trans person (please tick):**  ***Trans is an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth.*** | | | | | |
| **Yes** |  | **No** |  | **Prefer not to say** |  |

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| --- | --- | --- | --- | --- | --- |
| **Sexual Orientation** | | | | | |
| **Which of the following best describes your sexual orientation (please tick):** | | | | | |
| **Bi/bisexual** |  | **Gay/lesbian** |  | **Heterosexual/straight** |  |
| **Other** |  | **Please specify** |  | **Prefer not to say** |  |

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| **Marriage and Civil Partnership** | | | | | |
| **Are you currently (please tick):** | | | | | |
| **Single** |  | **Married/Civil Partnership** |  | **Neither** |  |
| **Prefer not to say** |  | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Religion and Belief** | | | | | |
| **To which religion do you consider yourself to belong to (please tick):** | | | | | |
| **Buddhist** |  | **Church of Scotland** |  | **Jewish** |  |
| **Hindu** |  | **Muslim** |  | **None** |  |
| **Roman Catholic** |  | **Sikh** |  | **Prefer not to say** |  |
| **Other** |  | **Please specify** | | | |

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| --- | --- | --- | --- | --- | --- |
| **Ethnic Group** | | | | | |
| **To which ethnic group do you consider yourself to belong (please tick):**  ***Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.*** | | | | | |
| **White:** | | | | | |
| **Scottish** |  | **Other British** |  | **Irish** |  |
| **European** |  | **Other** |  | **Please Specify** | |
| **Asian, Asian Scottish or Asian British:** | | | | | |
| **Pakistani** |  | **Indian** |  | **Bangladeshi** |  |
| **Chinese** |  | **Other** |  | **Please Specify** | |
| **African, African Scottish or African British:** | | | | | |
| **African** |  |  |  |  |  |
| **Caribbean, Caribbean Scottish or Caribbean British/Black, Black Scottish or Black British:** | | | | | |
| **Caribbean** |  | **Black** |  | **Other** |  |
| **Please Specify** |  | | | | |
| **Other:** | | | | | |
| **Ethnic Identity not Known** |  | **Other** |  | **Please Specify** |  |
| **Prefer not to say** |  |

**Thank you for taking time to complete this form**