**Equal Opportunity & Diversity Monitoring Form**

This is a **voluntary** monitoring form and any information you share with us will be used for monitoring purposes only so Scottish Book Trust can evaluate how well we are doing in the elimination of discrimination and advancing equality.

The Equality Act 2010 requires equal treatment regardless of age, disability, gender re-assignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, gender and sexual orientation.

If you would rather not disclose any of the information below, please delete all the options to each question leaving only ‘*I do not wish to disclose this information’* option for each, and return it along with your application.

**Delete as Appropriate**

**Please tell us what age you are:**

I do not wish to disclose this information

**Please tell us about your gender:**

Male

Female

Other (please specify):

I do not wish to disclose this information

**Do you identify (or have ever identified) as transgender?**

Yes

No

I do not wish to disclose this information

**Please tell us about your sexual orientation:**

Bisexual

Gay man

Lesbian/Gay woman

Heterosexual/Straight

Other (please specify)

I do not wish to disclose this information

**Ethnic Origin:**

Black: African

 Caribbean

 UK

 Other (please specify)

White: Scottish

Irish

Welsh

 English

 European

 Other (please specify)

Asian: Indian

 Bangladeshi

 Pakistani

Chinese

 Other (please specify)

Other Australasian

 N American

UK

 Gypsy/Traveller

Other ethnic background:

 Mixed or Multiple background: (please specify)

 Other (please specify):

I do not wish to disclose this information

Disability is defined as being a **‘Physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.’**

**Based on the definition above, do you consider yourself to have a disability?**

Yes

No

I do not wish to disclose this information

**Please tell us what type(s) of disability you have:**

Physical

Sensory

Learning Disability/Difficulty

Long-standing illness

Mental Health condition

Other (please specify)

I do not wish to disclose this information

Please tell us your religious belief:

No religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other (please specify):

I do not wish to disclose this information