**Equal Opportunity & Diversity Monitoring Form**

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

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 do not wish to disclose any of the information below, please delete all the options to each question leaving only ‘Prefer not to say*’* option for each, and return it along with your application. This will not affect your eligibility during the recruitment process. Please note that options are listed in line with the reporting requirements requested by our funder, Creative Scotland.

**Delete as Appropriate**

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

Prefer not to say

**Please tell us about your gender:**

Male

Female

Non-binary

Other

Prefer not to say

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

Yes

No

Prefer not to say

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

Heterosexual/Straight

Bisexual

Gay man

Lesbian/Gay woman

Other

Prefer not to say

**Ethnic Origin:**

White Scottish / White British

Irish

Gypsy / Traveler

Polish

White Other, please specify:

Asian / Asian Scottish / Chinese British

African / African Scottish / African British

Caribbean / Caribbean Scottish / Caribbean British

Black / Black Scottish / Black British

Arab/ Arab Scottish / Arab British

Mixed and Multiple Ethnic Groups, please specify:

Other, please specify:

Prefer not to say

**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

Not known

Prefer not to say

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

Physical

Visual impairment

Hearing impairment/deaf

Cognitive or learning Disability/Difficulty

Other long term / Chronic condition

Mental Health condition

Other (please specify)

Prefer not to say

Please tell us your religious belief:

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

Other (please specify):

Prefer not to say

**Please tell us if you speak or are learning Gaelic;**

Yes, I am Gaelic speaker.

Yes, I am Gaelic learner.

Neither a Gaelic speaker nor learner

Prefer not to say