



**TRANSPORT
SCOTLAND**
CÒMHDHAIL ALBA

transport.gov.scot

Diversity Monitoring

Name:

Diversity Monitoring

As an employer, it is the aim of the Scottish Government to become an exemplar in the field of diversity and to broadly reflect the communities we serve. We also want to ensure that our job opportunities are open to all. To help us achieve this, it is important that we obtain accurate and complete data from every job applicant and employee.

Although you do not have to provide this information, it would be extremely helpful if you do so, even if you only feel able to provide some of the information requested. All information gathered will be held in the strictest confidence, accessible only to a restricted number of Human Resources and other staff who require it, and in line with the principles of data protection legislation. It will be used only for the purposes of monitoring and collated data will never be published where there are numbers less than five to ensure that individuals cannot be identified.

Date of Birth

National Identity (please tick the box that applies)

Scottish English Welsh Irish

British Other Prefer not to say

If other, how would you describe your national identity?

Please select one category only, indicating the category that best describes your ethnic origin.

White British Any Other White background

Any Mixed background Indian

Pakistani Bangladeshi

Chinese Any other Asian background

Caribbean African

Any other Black background Any other background

Prefer not to say

Please select the religion that best applies to you?

- | | | | | | |
|-----------------------------------|--------------------------|--------------------|--------------------------|----------------|--------------------------|
| None | <input type="checkbox"/> | Church of Scotland | <input type="checkbox"/> | Roman Catholic | <input type="checkbox"/> |
| Other Christian | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Pagan | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | | |
| Another Faith, Belief or Religion | <input type="checkbox"/> | | | | |

What is your sexual orientation?

- | | | | | | |
|------------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| Bi-sexual | <input type="checkbox"/> | Gay man | <input type="checkbox"/> | Gay woman/lesbian | <input type="checkbox"/> |
| Heterosexual/straight | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | | |
| If other, please state | <input type="text"/> | | | | |

Disability

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Do you have a health condition or disability? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Has it lasted or is it expected to last 12 months? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does this have an adverse effect on your day-to-day activities | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Of the following categories, what best describes the nature of your health condition/disability

- | | | | | | |
|----------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Hearing Impairment | <input type="checkbox"/> | Visual Impairment | <input type="checkbox"/> | Speech Impairment | <input type="checkbox"/> |
| Mobility | <input type="checkbox"/> | Physical Co-ordination | <input type="checkbox"/> | Physical Capacity | <input type="checkbox"/> |
| Severe Disfigurement | <input type="checkbox"/> | Learning Difficulties | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | | |



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