



**TRANSPORT
SCOTLAND**
CÒMHDHAIL ALBA

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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	☐	Church of Scotland	☐	Roman Catholic	☐
Other Christian	☐	Buddhist	☐	Hindu	☐
Muslim	☐	Jewish	☐	Sikh	☐
Pagan	☐	Prefer not to say	☐		
Another Faith, Belief or Religion	☐				

What is your sexual orientation?

Bi-sexual	☐	Gay man	☐	Gay woman/lesbian	☐
Heterosexual/straight	☐	Prefer not to say	☐		
If other, please state					

Disability

Do you have a health condition or disability?	Yes	☐	No	☐
Has it lasted or is it expected to last 12 months?	Yes	☐	No	☐
Does this have an adverse effect on your day-to-day activities	Yes	☐	No	☐

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

Hearing Impairment	☐	Visual Impairment	☐	Speech Impairment	☐
Mobility	☐	Physical Co-ordination	☐	Physical Capacity	☐
Severe Disfigurement	☐	Learning Difficulties	☐	Mental Illness	☐
Other	☐	Prefer not to say	☐		



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