



Comhairle nan Eilean Siar

Equal Opportunities Monitoring Form

CONFIDENTIAL

Comhairle nan Eilean Siar is committed to ensuring equal opportunities for all applicants to its posts and for all employees in its service. In order to check the effectiveness of our Equal Opportunities Policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated in strict confidence and no names will be shown in any statistics

Post Applied For:		Ref. No:	
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Where did you see the vacancy advertised?	
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Title	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname:	Other <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	
Forename(s):	Transgender:	<i>Have you ever identified as a transgender person/trans person?</i>	
Date of Birth:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
Payroll Number (If Applicable)			

Marital Status:	What is your legal marital status?			
Single <input type="checkbox"/>	Separated <input type="checkbox"/>	Married / Civil Partnership <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Living with Partner <input type="checkbox"/>	Divorced <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>		

Caring Responsibilities:	Do you have caring responsibilities?			
Yes (children under 18) <input type="checkbox"/>	Yes, other <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	

Religion or Belief:	What is your Religion or Belief?			
Buddhist <input type="checkbox"/>	Sikh <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	
Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Church of Scotland <input type="checkbox"/>		
Jewish <input type="checkbox"/>	None <input type="checkbox"/>	Other Christian <input type="checkbox"/>		
Other, please specify				

Sexual Orientation:	What is your sexual orientation?			
Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual / Straight <input type="checkbox"/>		
Lesbian <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>		

National Identity:	What is your national identity?			
Scottish <input type="checkbox"/>	English <input type="checkbox"/>	Welsh <input type="checkbox"/>		
Northern Irish <input type="checkbox"/>	British <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>		
Other, please specify				

Ethnic Origins:	What is your ethnic group? Choose one from Section A to F.		
A. <u>White</u>			
Scottish	<input type="checkbox"/>	Other British	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	Eastern European (eg Polish)	<input type="checkbox"/>
		Irish	<input type="checkbox"/>
		Other White ethnic group	<input type="checkbox"/>
B. <u>Mixed or Multiple Ethnic Group</u>			
Any mixed or multiple ethnic groups <input type="checkbox"/>			
C. <u>Asian, Asian Scottish or Asian British</u>			
Pakistani (inc. Scottish/British)	<input type="checkbox"/>	Chinese (inc. Scottish/British)	<input type="checkbox"/>
Indian (inc. Scottish/British)	<input type="checkbox"/>	Bangladeshi (inc. Scottish/British)	<input type="checkbox"/>
		Other	<input type="checkbox"/>
D. <u>African</u>			
African (inc. Scottish/British)	<input type="checkbox"/>	Other	<input type="checkbox"/>
E. <u>Caribbean or Black</u>			
Caribbean (inc. Scottish/British)	<input type="checkbox"/>	Black (inc. Scottish/British)	<input type="checkbox"/>
		Other	<input type="checkbox"/>
F. <u>Arab</u>			
Arab (inc. Scottish/British)	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer not to answer <input type="checkbox"/>			
Other, please specify <input type="checkbox"/>			

Disability: Under the terms of the Equality Act 2010, a 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 day-to-day tasks.

Do you consider that you have a disability? Yes No Prefer not to answer

Disability (Impairment): **If yes to the above question, please state the type of impairment which applies to you.** If no categories apply, please select 'Other' and specify the type of impairment.

Learning disability, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head injury).	
Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy.	
Mental health condition, such as depression or schizophrenia.	
Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.	
Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment.	
Other, such as disfigurement.	
Prefer not to answer.	

Comhairle Employee: **For Existing Comhairle Employees only: Are you applying for a promoted post?**

Yes No Prefer not to answer

The Comhairle proposes to use the personal data in this form to provide a statistical profile of all applicants for equal opportunities monitoring. The personal data will be kept securely and separate from your application. The Comhairle will only share it with other organisations to the extent that it is necessary for the Comhairle to comply with its legal obligations. Any sharing of information will be of anonymous statistical information only.

The Comhairle will only use your personal data in this way if you consent. By signing the declaration below, you are consenting to the Comhairle's use of the personal data. You do not have to consent, and if you do not consent then that will not affect your application. If you do consent, your data will be kept for the duration of the application process and for any further period for which the Comhairle is required by law or by its policies to keep it. You have the right to withdraw your consent at any time by contacting the Human Resources section. You have the right to request access to the data which the Comhairle holds; to request rectification, erasure or restriction of it; and to object to the Comhairle's processing of it. You also have the right to lodge a complaint with the Information Commissioner's Office if you feel that the Comhairle has not handled your data properly. The Comhairle's Data Protection Officer is Tim Langley dataprotection@cne-siar.gov.uk, to whom any queries about the Comhairle's use of your personal data should be addressed. Please go to <https://www.cne-siar.gov.uk/your-council/data-protection/> for more information on your rights and how the Comhairle uses your personal data.

Declaration: I consent to the processing of this information by Comhairle nan Eilean Siar for the above purposes.

Signature: **Date:**