**Provanhall Housing Association Equality, Diversity & Inclusion Monitoring Form**

**Why we are asking for equality information?**

We are committed to equal opportunities in employment ensuring that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

If you wish to assist us in achieving a diverse workforce, and advertising our vacancies appropriately, please complete the following questionnaire. If you do not wish to complete the form, this will have no bearing on any selection decisions.

All information will be treated in the strictest confidence, processed anonymously and separately from any application form you submit. The information will not be provided to or shared with the shortlisting or interview panel.

**Age**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick 🗸 the band for your age:** | 16–24 |  | 25–34 |  |
| 35–44 |  | 45–54 |  |
| 55–65 |  | 65+ |  |
| Prefer not to say **🗸** |  |

**Belief or religion**

Please tick **🗸** the box which best describes your belief or religion from the list below?

|  |  |
| --- | --- |
| Buddhism: |  |
| Christianity |  |
| Catholic: |  | Protestant: |  | Other: |  |
| Hinduism: |  |
| Islam: |  |
| Judaism: |  |
| Sikhism: |  |
| Other religion (please state what this is):  |  |
| No specific belief in religion (for example, atheism or agnosticism): |  |
| Other belief (for example, humanism): |  |
| Prefer not to say |  |

**Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a disabled person?  | Yes |  | No |  |

If yes, please tick **🗸** the box which category you would use from the following list:

|  |  |
| --- | --- |
| Autoimmune: (for example, multiple sclerosis, HIV, Crohn’s/ulcerative colitis) |  |
| Learning difficulties: (for example, Down’s Syndrome) |  |
| Mental health issue: (for example, depression, bi-polar) |  |
| Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia) |  |
| Physical impairment: (for example, wheelchair-user, cerebral palsy) |  |
| Sensory impairment: (hearing impairment)  |  |
| Sensory impairment: (visual impairment)  |  |
| Other: If none of the categories above apply to you, please specify the nature of your impairment. |  |
| Prefer not to say |  |

**Please tick 🗸 all that apply**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a current Tenant?  | Yes |  | No |  |
| Are you a current member of Staff? | Yes |  | No |  |
| Are you a current Management Committee Member? | Yes |  | No |  |

**Ethnicity**

Please tick **🗸** the box that best describes your particular group.

**African**

|  |  |
| --- | --- |
| African, African Scottish or African British: |  |
| Other African background (please specify): |  |

**Asian, Scottish Asian or British**

|  |  |
| --- | --- |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British: |  |
| Indian, Indian Scottish or Indian British: |  |
| Pakistani, Pakistani Scottish or Pakistani British: |  |
| Chinese, Chinese Scottish or Chinese British: |  |
| Other Asian background (please specify): |  |

**Black or Caribbean**

|  |  |
| --- | --- |
| Caribbean, Caribbean Scottish or Caribbean British  |  |
| Black, Black Scottish or Black British |  |
| Other Caribbean or Black background (please specify) |  |

**Mixed groups**

|  |  |
| --- | --- |
| Mixed or multiple ethnic group (please specify) |  |

**White**

|  |  |
| --- | --- |
| English |  |
| Gypsy Traveller |  |
| Irish |  |
| Polish |  |
| Roma |  |
| Scottish |  |
| Welsh |  |
| Other British |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other group:  | Yes |  | No |  |
| Please specify your ethnic group |  |

|  |  |
| --- | --- |
| Prefer not to say: |  |

**Marriage and civil partnership**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you presently in a civil partnership? | Yes |  | No |  |
| Are you presently married? | Yes |  | No |  |
| Prefer not to say  |  |

**Pregnancy and maternity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you pregnant? | Yes |  | No |  |
| Have you taken maternity or paternity leave in the past year? | Yes |  | No |  |
| Prefer not to say  |  |

Please use the space below to advise us if you have any particular requirements.

|  |
| --- |
|  |

**Sex**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What is your sex? | Female |  | Male |  | Intersex |  |
| Prefer not to say  |  |

Please use the space below to advise us if you have any particular requirements.

|  |
| --- |
|  |

**Gender re-assignment (trans/transgender)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to be a trans person? | Yes |  | No |  |
| Prefer not to say  |  |

Please use the space below to advise us if you have any particular requirements.

|  |
| --- |
|  |

**Sexual orientation**

**What is your sexual orientation?**

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Heterosexual/straight |  |
| Lesbian/gay woman |  |
| Other |  |
| Prefer not to say |  |

Please use the space below to advise us if you have any particular requirements.

|  |
| --- |
|  |

**If you have any questions about this form or wish to discuss anything in confidence then please get in touch with us by calling 0141 771 4941 or by email to** **info@provanhallha.org.uk**

Provanhall Housing Association Limited is a company registered in Scotland under the Companies Acts, Company Number: SCO37762, Registered Office: 34 Conisborough Road, Easterhouse, Glasgow, G34 9QG.

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