**Yorkhill Housing Association Equality Monitoring Form**

**Job Applicants - Equality Information Collection**

This form collects information about equalities. You choose what questions to answer. By answering as many questions as you can, you will help us plan and deliver better services, promote equality objectives and eliminate discrimination in what we do.

Any information you provide will not be linked to you, and it will be handled confidentially and securely.

Please contact us if you do not understand something or if you require further information.

Other formats: We can provide this document in other formats on request.

If you do wish to share specific information or advise the Association about particular requirements; or discuss any of the matters in confidence with us, you can contact Calum Davidson by telephone on 0141 285 7910, email at cdavison@yorkhillha.org or call into the office at 1271 Argyle Street, Glasgow, G3 8TH and ask to speak to Calum.

If you are going to provide specific information about particular requirements the Association will issue you with a transparency statement and ask you to sign an explicit consent form to comply with the requirements of data protection law.

**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 |  |
| 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 |  |
| Prefer not to say |  |

If yes and you want to, please tick the box with the 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. |  |

Ethnicity

Please tick the box that best describes your particular ethnic 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 (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  |  |

Sex

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

Gender re-assignment (trans/transgender)

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

Sexual orientation

**What is your sexual orientation?**

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