

# Equality & Diversity Monitoring Form

Information from this questionnaire is used to assist Clydesdale Housing Association to meet our obligations in respect of law and regulatory requirements.

It is important that you provide this information so that we can:

- address your individual needs;
- enhance trust with our community; and
- improve our employment practices on an ongoing basis.

**If you would like a large print or audio version of this form, please tell us, as this is available upon request.**

**You do have the choice not to fill in this form if you would prefer not to, or not to answer specific questions.**

## Age

What is your date of birth? (Please insert the day, month and year: (DD/MM/YYYY))

## Belief or religion

Please put an x in the box that best describes your belief or religion from the list below?

No specific belief in religion (for example, atheism or agnosticism):
Other belief (for example, humanism) (please specify):
Buddhism:
Christianity – Catholic:
Christianity – Protestant:
Christianity – other (please specify):
Hinduism:
Islam:
Judaism:
Sikhism:
Other religion (please specify)
Prefer not to say

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Please use this box to advise us if you have any particular requirements relating to your beliefs or religion. Alternatively, please inset an x in this box if you want to discuss this matter in confidence.

## Disability

Are you a disabled person? Yes No

If yes, we will contact you to discuss and arrange reasonable adjustments to address your particular requirements.

Please tell us 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 issues: (for example, depression, bi-polar)
Neurodivergence conditions: (for example, autistic spectrum, Dyslexia, dyspraxia)
Physical impairments: (for example, wheelchair-user, cerebral palsy)
Sensory impairments: (hearing impairment)
Sensory impairments: (visual impairment)
Other: If none of the categories above apply to you, please specify the nature of your impairment.
Communication impairments (for example, speech impairments)
Prefer not to say:

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Please use this box to advise us if you have any particular requirements relating to a disability. Alternatively, please inset an x in this box if you want to discuss this matter in confidence.

## Ethnicity

Within the Equality Act 2010, race includes colour, nationality and ethnic origins (ethnicity). In this section, we make use of all three terms in line with the national census.

Please insert an X at 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 Asian
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
Gypsy Traveller
Irish
Polish
Roma
Scottish

Other
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Other group (e.g. Canadian, French, Italian etc) (please specify):
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Prefer not to say:
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Please use this box to advise us of any particular services that we can provide to address any ethnicity issues.

What is your main language English Other

If other, please specify (including BSL and TACTILE BSL):

### Marriage and civil partnership

Are you presently in a civil partnership? Yes No
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Are you presently married? Yes No
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Prefer not to say
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### Pregnancy and maternity

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

What is your sex (assigned at birth) Female Male
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Intersex Prefer not to say
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### Gender re-assignment (trans/transgender)

Do you consider yourself to be a trans person? Yes No
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Prefer not to say
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## Sexual orientation

What is your sexual orientation?

Bi/bisexual
Gay man
Heterosexual/straight
Lesbian
Other
Prefer not to say

## General

Please mark this box if there are any issues that you want to discuss with us in confidence in relation to our equality monitoring.

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## Explicit consent

*By completing this form in full or in part, you consent to Clydesdale Housing Association collecting and processing the above data. This involves using equality data to address any form of discrimination, promote equality objectives and address your needs.*