## **Equality and Diversity Monitoring Form**

Completing this form will help Falkirk Citizens Advice Bureau monitor equality and diversity statistics. This information is not part of your application and will not be used in any part of the selection process. The information will be stored anonymously and confidentially.

Please do not put your name anywhere on this form. Return it separate from your other application documents by emailing it to: <a href="mailto:janice.donoghue@falkirkcab.casonline.org.uk">janice.donoghue@falkirkcab.casonline.org.uk</a>.

**Position applying for:** Money Talks Plus Adviser

Gender
Which one of the following best describes your gender?
<ul> <li>□ Male</li> <li>□ Female</li> <li>□ Prefer not to say</li> <li>□ Prefer to self-describe:</li> </ul>
Gender Identity
Is your gender identity the same as the sex you were assigned at birth?
☐ Yes ☐ No ☐ Prefer not to say
Sexual Orientation
Which of the following best describes your sexual orientation?
<ul> <li>□ Bisexual</li> <li>□ Gay man</li> <li>□ Gay Woman / Lesbian</li> <li>□ Heterosexual / Straight</li> <li>□ Prefer not to say</li> </ul>
□ Prefer to self-describe:

Disability				
Do you consider your	self to be disab	led?		
☐ Yes ☐ No ☐ Prefer not to say				
Age				
☐ 16-24 ☐ 45-54 ☐ Prefer not to say	□ 25-34 □ 55-65	□ 35-44 □ 65+		
Ethnicity				
Please tick the box fo	or the group to	which you perceive yo	ou belong:	
□ Arab				
☐ Asian/Asian British☐ Asian/Asian British☐ Asian/Asian British☐ Asian/Asian British☐ Other Asian:	: Pakistani : Bangladeshi : Chinese			
<ul><li>□ Black/Black British</li><li>□ Black/Black British</li><li>□ Other Black/Black</li></ul>	: Caribbean			
☐ Mixed: White and ☐ Mixed: White and ☐ Mixed: White and ☐ Other Mixed:	Black African Asian			
☐ White: British☐ White: Irish☐ White: Gypsy or Ir☐ Other White:				
☐ Any other ethnic g	roup:			
□ Prefer not to say				

Religion and Belief
□ Buddhist
□ Christian
□ Hindu
□ Jewish
□ Muslim
□ Non-religious
□ Sikh
□ Prefer not to say
□ Other religion or belief:
Caring Responsibilities
Do you have any caring responsibilities? (please tick all that apply)
<ul> <li>□ None</li> <li>□ Primary carer of a child or children (under 18 years)</li> <li>□ Primary carer of a disabled child or children</li> <li>□ Primary carer or assistant for a disabled adult (18 years and over)</li> <li>□ Primary carer or assistant for an older person or people (65 years and over)</li> <li>□ Secondary carer (another person carries out main caring role)</li> <li>□ Prefer not to say</li> </ul>