Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We want to ensure that our job opportunities are open to all. The only way we can ensure there is equal opportunity is to monitor applications we receive and compare the profile of people who apply with those appointed. Therefore, this form asks you for your ethnic origin, gender, disability, religion, sexuality and age.

**The information you provide in this part of the form is confidential and is not used in the selection process. It will be separated from the rest of the form when we receive it.**

If you prefer not to answer any of the questions below, please select the option 'prefer not to say'.

The Equality Act 2010 defines disability as follows: “any physical or mental impairment which has a substantial and ‘long-term’ negative effect on your ability to do normal daily activities”. NHS Scotland is “Positive About Disabled People” and as such we provide job opportunities for disabled people. NHS Scotland operates a Job Interview Guarantee (JIG), which means that if you have a disability and meet the essential criteria outlined within the person specification, you will be guaranteed an interview. However some disabled people prefer not to take this option so please tick your preference if you are a disabled candidate.

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| --- | --- |
| **Job Interview Guarantee** | |
| Do you have a disability and want to participate in the guarantee scheme?  Yes or No |  |
| Please specify any special requirements you require if attending for interview, eg. Induction Loop, Wheelchair Access, Signer |  |
| **Equal Opportunities** | |
| Have you, are you or do you plan to undergo gender reassignment (changing sex)?  Yes, No, or Prefer not to say |  |
| If you are currently an employee of this NHS Board, will getting this job be a promotion?  Yes, No, or Prefer not to say |  |
| Which one of the following best describes your gender?  Female, Male, In Another Way, Prefer not to say |  |
| If you describe your gender with another term, please provide this here: |  |
| Do you consider yourself to be a trans person?  Yes, No, Prefer not to say |  |
| Age Range   * 15-19 Years * 20-24 Years * 25-29 Years * 30-34 Years * 35-39 Years * 40-44 Years * 45-49 Years * 50-54 Years * 55-59 Years * 60-64 Years * 65+ Years * Prefer not to say |  |
| Do you have a physical or mental health condition or disability that:   * has a substantial effect on your ability to carry out day to day activities> * has lasted or is expected to last 12 months or more?   Yes or No |  |
| If you answered yes, please tick(confirm) if it is either of the following:   * Learning disability * Mental Health Condition * Sensory Impairment * Long standing Illness * Physical Impairment * Other |  |
| Again, if yes, please describe any particular arrangements you would need for your work location: |  |
| Present nationality? |  |
| Nationality at Birth |  |
| What is your ethnic group?  (or Prefer not to say) |  |
| To which religion, religious denomination or body do you actively belong?  (or Prefer not to say or I don’t know) |  |
| Which of the following best describes your sexual orientation?   * Bisexual * Don't Know * Gay/Lesbian * Heterosexual * Other * Prefer not to say |  |
| If you prefer to use another term, please provide this here: |  |
| Marital Status   * Civil Partnership * Dissolved Civil Partnership * Divorced * Married * Single * Widowed |  |