

Equality and diversity monitoring form

Moniack Mhor wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation would greatly appreciate your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please download this form and email it, completed with your application, to jobs@moniackmhor.org.uk. Or, it can be sent by post to Angela Cran, Moniack Mhor Writers' Centre, Teavarran, Kiltarlity, Inverness, IV4 7HT. In either case, please mark it as 'Strictly confidential'.

Gender Man Woman Intersex Non-binary Prefer not to say
If you prefer to use your own term, please specify here

Age 16-24 25-44 45-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition as defined by the Equalities Act 2020? The act defines disability is a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities

Yes No Prefer not to say

If yes, in what way?

Learning or cognitive disability Visual impairment Hearing impairment
Physical disabilities Mental health condition
Other long-term/ chronic condition Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual

Prefer not to say If you prefer to use your own term, please specify

here

Thank you for completing this form. We appreciate your help in capturing this information. Best wishes from all at Moniack Mhor Writers' Centre.