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**EQUAL OPPORTUNITIES MONITORING**

The Royal College of Physicians and Surgeons of Glasgow aims to provide equal opportunities for all during the recruitment process. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair process to all candidates.

In line with UK legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be recorded electronically with your other data in accordance with the UK Data Protection Act 2018 and the General Data Protection Regulation, but used only for monitoring our business practices. It will not be made available to anyone involved in assessing or and/or interviewing candidates

###### **Gender**

Female

 Male

Transgender

Prefer not to say

**Ethnicity**

Choose one selection from the list below to indicate your ethnic group or background.

**a) White**

 English/Welsh/Scottish/Northern Irish/British

 Irish

Gypsy or Irish Traveller

 Any other White background (write in)



**b) Mixed / Multiple Ethnic Groups**

 White and Black Caribbean

 White and Black African

 White and Asian

Any other mixed background (write in)



**c) Asian or Asian British**

 Bangladeshi

 Chinese

 Indian

 Pakistani

Any other Asian background (write in)



**d) Black or Black British**

 African

 Caribbean

 Any other Black background 

1. **Other Ethnic Group**

Arab

 Any other ethnic background 

**Prefer not to say**

**Do you consider your first language to be English?**

 Yes

 No

  Prefer not to say

**Do you have a disability** under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

Yes

No

 Prefer not to say

**What is your sexual orientation?**

Bisexual

 Heterosexual

 Lesbian or Gay

 Prefer not to say

**Marital Status**

 Single

 Married

 Cohabiting

Civil partnership

 Separated/divorced

 Widowed

Prefer not to say

**What is your religion or belief?**

Buddhist

 Christian

 Hindu

Jewish

Muslim

Sikh

 Other religion/belief

 No religion

Prefer not to say