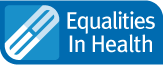
[](http://www.equalitiesinhealth.org/index.html)

**Consultant Discretionary Points Process**

**Equal Opportunities Monitoring Questionnaire**

Provision of the information contained below is optional and this sheet will be detached from your application and retained separately by the Secretary of the Directorate Discretionary Points Committee for statistical monitoring purposes only.

We don’t want to know who you are so don’t write your name anywhere on this form.

1. **What is your sex?**

🞎 Male 🞎 Female Other 🞎

Prefer not to answer 🞎

1. **Is your current gender different to your gender at birth?**

🞎 Yes 🞎 No Prefer not to answer 🞎

**3. Please select your age group:**

* + Under 16
  + 16-24 years
  + 25-34 years
  + 35-44 years
  + 45-54 years
  + 55-64 years
  + 65-74 years
  + 75+ years

Prefer not to answer 🞎

**4. What religion, religious denomination or belief do you identify yourself as?**

|  |  |  |  |
| --- | --- | --- | --- |
| None |  | Jewish |  |
| Atheist |  | Muslim |  |
| Buddhist |  | Other Christian |  |
| Church of Scotland |  | Roman Catholic |  |
| Hindu |  | Sikh |  |

* + Another religion or belief, please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer 🞎

1. **What is your ethnic group?**

Prefer not to answer 🞎

**A White**

🞎 Gypsy/Traveller

🞎 Irish

🞎 Other British

🞎 Polish

🞎 Scottish

🞎 Other white ethnic group, please state: \_\_\_\_\_\_\_\_\_\_\_

**B Mixed or multiple ethnic groups**

🞎 Any mixed or multiple ethnic groups, please state:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C Asian, Asian Scottish, or Asian British**

🞎 Bangladeshi, Bangladeshi Scottish or Bangladeshi British

🞎 Chinese, Chinese Scottish or Chinese British

🞎 Indian, Indian Scottish or Indian British

🞎 Pakistani, Pakistani Scottish or Pakistani British

🞎 Other, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D African**

🞎 African, African Scottish or African British

🞎 Other, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E Caribbean or Black**

🞎 Caribbean, Caribbean Scottish or Caribbean British

🞎 Black, Black Scottish or Black British

🞎 Other, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F Other ethnic group**

🞎 Arab, Arab Scottish or Arab British

🞎 Other, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you need an interpreter or other communication support?**

🞎 Yes 🞎 No

Prefer not to answer 🞎

1. **Which of the following options best describes how you think of yourself?**

🞎 Bisexual (attracted to same and opposite sex)

🞎 Heterosexual / Straight (attracted to opposite sex only)

🞎 Gay or Lesbian (Attracted to same sex only)

🞎 Other

Prefer not to answer 🞎

1. **Do you have a physical or mental health condition or illness lasting, or expected to last 12 months or more?**

🞎 Yes 🞎 No 🞎 Don’t know 🞎

Prefer not to answer 🞎

If yes, does your condition or illness reduce your ability to carry out day-to-day activities?

* No, not at all
* Yes, a little
* Yes, a lot

Prefer not to answer 🞎

Does this condition or illness affect you in any of the following areas?

* A long term illness (such as diabetes, cancer, HIV, heart disease or epilepsy)
* Dexterity (for example lifting or carrying objects, using a keyboard)
* Hearing (for example deafness or partial hearing)
* Learning, understanding or concentrating
* Memory
* Mental health
* Mobility (for example walking short distances or climbing stairs)
* Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger’s syndrome)
* Stamina, breathing or fatigue
* Vision (for example partial sight or blindness)
* Other please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above

Prefer not to answer 🞎

1. **Please provide your postcode: \_\_\_\_\_\_\_\_\_\_\_\_**

Prefer not to answer 🞎

**Thank you for completing this form. All responses will be kept confidential. Remember not to write your name anywhere on this form to keep your identity anonymous.**