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| **Disabled Persons Housing Service (Fife)** | | | | | | | | | | | | | |  |
| West Shop, Laws Close, 339 High Street, Kirkcaldy, Fife, KY1 1JN  Website: [www.dphsfife.org.uk](http://www.dphsfife.org.uk) Email: [enquiries@dphsfife.org.uk](mailto:enquiries@dphsfife.org.uk) | | | | | | | | | | | | | |
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| Equal Opportunities Monitoring | | | | | | | | | | | | | | |
| 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.** | | | | | | | | | | | | | | |
| 1) If you are currently an employee of DPHS(Fife), will getting this job be a promotion? | | | | | | | | | | | | | | |
| Yes |  | | No | | | |  | |  | | | | | |
| 2) You are: | | | | | | | | | | | | | | |
| Male |  | | Female | | | |  | |  | | | | | |
| 3) Have you undergone, are you undergoing or do you intend to undergo gender reassignment? For example, this includes having changed your sex (gender)? | | | | | | | | | | | | | | |
| Yes |  | No | | | |  | | Prefer not to say | | | |  |  | |
| 4) What is your age? | | | | | | | | | | | | | | |
| I am ……. years old, and my date of birth is ………………….. | | | | | | | | | | | | | | |
| 5) Do you have any physical or mental health condition or disability that: | | | | | | | | | | | | | | |
| * Has a substantial effect on your ability to carry out day to day activities? * Has a lasted or is expected to last 12 months or more? | | | | | | | | | | | | | | |
| Yes |  | No | | | |  | | Prefer not to say | | | |  |  | |
| * If you answered ‘yes’ please tick if it is either of the following: | | | | | | | | | | | | | | |
| Learning Disability | | | |  | Physical impairment | | | | |  |  | | | |
| Long standing illness | | | |  | Sensory impairment | | | | |  |  | | | |
| Mental health condition | | | |  |  | | | | | | | | | |
| Other (please describe): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| * If ‘yes’, please describe any particular arrangements you would need for your work location: | | | | | | | | | | | | | | |
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| 6) What is your ethnic group? | | | | | | | | | | | | | | |
| Choose one section from A to F, then tick the appropriate box to indicate your cultural background | | | | | | | | | | | | | | |
| A: White | Scottish |  | Irish | |  | | Other British | | |  |  | | | |
| Any other white background | | | |  | |  | | | | | | | |
| B: Mixed | Any mixed background | | | |  | |  | | | | | | | |
| C: Asian; Asian Scottish; Asian British | | | | | | | | | | | | | | |
|  | Pakistani |  | | Indian |  | | | Chinese | |  | |  | | |
|  | Bangladeshi |  | | Any other Asian background | | | | | |  | |  | | |
| D: Black; Black Scottish; Black British | | | | | | | | | | | | | | |
|  | Caribbean |  | | African |  | | | Chinese | |  | |  | | |
|  | Any other Black background | | | |  | | |  | | | | | | |
| E: Other ethnic background | | | | | | | | | | | | | | |
|  | Any other background | | | |  | | |  | | | | | | |
| F: Prefer not to answer | |  | | | | | | | | | | | | |
| 7) To which religion, religious denomination or body do you actively belong? | | | | | | | | | | | | | | |
|  | (Christianity) – Church of Scotland | | | | |  | | | Hinduism | | | |  |  |
|  | (Christianity) – Roman Catholic | | | | |  | | | Sikhism | | | |  |  |
|  | Christianity (other) | | | | |  | | | Judaism | | | |  |  |
|  | Other faith / belief | | | | |  | | | Islam | | | |  |  |
|  | Buddhism | | | | |  | | | No religion (none) | | | |  |  |
|  | Prefer not to answer | | | | |  | | |  | | | |  |  |
| 8) Which of the following best describes your sexual orientation? | | | | | | | | | | | | | | |
|  | Bisexual | | | | |  | | | Gay Man | | | |  |  |
|  | Heterosexual | | | | |  | | | Lesbian/Gay Woman | | | |  |  |
|  | Other | | | | |  | | | Prefer not to say | | | |  |  |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Please return to DPHS(Fife), by closing date along with your application. To [zoecormackhr@dphsfife.org.uk](mailto:zoecormackhr@dphsfife.org.uk) | | | | | | | | | | | | | | |
| Thank you for the interest you have shown in working with Disabled Persons Housing Service (Fife) | | | | | | | | | | | | | | |