

Scottish Public Authorities General Equality Duty Protected Characteristics Monitoring Form

It is a government requirement that we ask you some additional information in order to gather equalities data. This information will remain anonymous and will not form part of your bankruptcy application. These pages will be detached from your application.

AGE

What was your age on your last birthday?

18-25 26-33 34-41 42-49
50-57 58-65 65+

Gender

Are you male or female?

Male Female

Gender Identity

Is your gender the same as birth?

Yes No

Sexual Orientation

Which of the following best describes how you think of yourself?

Heterosexual/Straight Bisexual
Gay/Lesbian Other

Ethnic Group

What is your ethnic group

Choose **ONE** from section A to E, and then **ONE** box which best describes your ethnic group/background?

A. White

- | | | | |
|-------------|--------------------------|-----------------------------------|--------------------------|
| 1. Scottish | <input type="checkbox"/> | 4. Other British | <input type="checkbox"/> |
| 2. Irish | <input type="checkbox"/> | 5. Gypsy Traveller | <input type="checkbox"/> |
| 3. Polish | <input type="checkbox"/> | 6. Other white ethnic group _____ | |

(please specify)

B: Mixed or Multiple ethnic groups

7. Mixed or multiple ethnic groups _____
(please specify)

C: Asian, Asian Scottish or Asian British

8. Pakistani, Pakistani Scottish or Pakistani British

9. Indian, Indian Scottish or Indian British

10. Bangladeshi, Bangladeshi Scottish or Bangladeshi British

11. Chinese, Chinese Scottish or Chinese British

12. Other _____
(please specify)

D: African

13. African, African Scottish or African British

14. Other _____
(please specify)

E: Caribbean or Black

15. Caribbean, Caribbean Scottish, Caribbean British

16. Black, Black Scottish, Black British

17. Other _____
(please specify)

F: Other ethnic Group

18. Arab, Arab Scottish or Arab British

19. Other _____
(please specify)

DISABILITY

Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? Tick ALL that apply

1. Deafness or partial hearing loss
2. Blindness or partial sight loss
3. Learning disability (e.g. Down's Syndrome)
4. Learning difficulty (e.g. dyslexia)
5. Development disorder (e.g. Autistic Spectrum Disorder or Asperger's Syndrome)
6. Physical disability
7. Mental Health condition
8. Long-term illness, disease or condition
9. Other condition – please specify _____

Are your day-to-day activities limited because of a health problem or disability, which has lasted, or is expected to last, at least 12 months? Include problems related to old age.

- Yes – limited a lot
- Yes – limited a little
- No
-

RELIGION/BELIEF

What religion, religious denomination or body do you belong to?

1. None
2. Church of Scotland
3. Roman Catholic
4. Other Christian
5. Muslim
6. Buddhist
7. Sikh
8. Jewish
9. Hindu
10. Pagan
11. Other religion – please specify _____

