We are committed to ensuring that all job applicants and existing employees are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age.

This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be.

All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file. Thank you for your assistance.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vacancy details** | | | | | | | | | | | | | | | |
| Position applied for: | | | | | | |  | | | | | | | | |
| Closing date for application: | | | | | | |  | | | | | | | | |
| **Where did you hear about the job?** *(please mark with an ‘X’)* | | | | | | | | | | | | | | | |
| LinkedIn | | | **[ ]** | Professional contact | | | **[ ]** | Recruitment company | | | | | **[ ]** | | |
| Port of Aberdeen website | | | **[ ]** | Other website (\*specify) | | | **[ ]** | Other (\*specify) | | | | | **[ ]** | | |
| \*……………………………………………… | | | | | | | | | | | | | | | |
| **Gender** *(please mark with an ‘X’) If you are undergoing gender reassignment, please use the gender you identify with.* | | | | | | | | | | | | | | | |
| Male **[ ]**  Female **[ ]**  Prefer not to say **[ ]**  (If you | | | | | | | | | | | | | | | |
| **Gender identity** | | | | | | | | | | | | | | | |
| Do you identify as transgender/transsexual *(please mark with an ‘X’).*  Yes **[ ]**  No **[ ]**  Prefer not to say **[ ]** | | | | | | | | | | | | | | | |
| **Ethnic group** *(please mark with an ‘X’)* | | | | | | | | | | | | | | | |
| **White:** | | **Mixed race:** | | | | **Asian or Asian British** | | | **Black or Black British** | | **Chinese and other groups:** | | | | |
| British; English, Scottish or Welsh | [ ] | White and Black Caribbean | | | [ ] | Indian | [ ] | Caribbean | | [ ] | | Chinese | | [ ] |
| Irish | [ ] | White and Black African | | | [ ] | Pakistani | [ ] | African | | [ ] | |  | | |
| Other white background | [ ] | White and Asian | | | [ ] | Bangladeshi | [ ] | Other black background | | [ ] | |  | | |
|  | | Other mixed background | | | [ ] | Other Asian background | [ ] |  | | | |  | | |
| Other ethnic group [ ] | | | | | | | | | | | | | | | |
| **Age** *(please mark with an ‘X’)* | | | | | | | | | | | | | | | |
| 16 – 17 [ ] 18 - 21 [ ] 22 - 30 [ ] 31 - 40 [ ]  41 - 50 [ ] 51 – 60 [ ] 61 - 65 [ ] 66 - 70 [ ]  71+ [ ] Prefer not to say [ ] | | | | | | | | | | | | | | | |
| **Sexual orientation** *(please mark with an ‘X’)* | | | | | | | | | | | | | | | |
| Heterosexual/Straight [ ] Bisexual [ ] Prefer not to say [ ]  Gay man [ ] Gay woman/lesbian [ ] Other [ ]  If you are lesbian, gay or bisexual, are you open about your sexual orientation?  Yes Partially No  At home [ ] [ ] [ ]  With colleagues [ ] [ ] [ ]  With your manager [ ] [ ] [ ]  At work generally [ ] [ ] [ ] | | | | | | | | | | | | | | | |
| **Religion or belief** | | | | | | | | | | | | | | | |
| Please describe your religion or other strongly held belief:  I would describe my religion or belief as ………………………………  I have no particular religion or belief [ ]  Prefer not to say [ ] | | | | | | | | | | | | | | | |
| **Disability** | | | | | | | | | | | | | | | |
| The Equality Act 2010 defines a disability as 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”. An effect is long-term if it has lasted, or is likely to last, more than 12 months.    Do you consider that you have a disability under the Equality Act (please tick)?  Yes [ ]    No [ ]  Don’t Know [ ]  Prefer not to say [ ]  Used to have a disability but have now recovered [ ] | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Thank you for completing this form. | | | | | | | | | | | | | | | |