**MADE for YOU**

**EQUALITIES MONITORING FORM**

To monitor the type of applications we receive and the investments we award, we need to collect information which does not directly relate to our assessment of your application. We include questions on age, gender, ethnicity, disability, and sexual orientation - all defined ‘protected characteristics’ in [**The Equality Act 2010**](https://www.gov.uk/guidance/equality-act-2010-guidance). We also include questions on language.

It is important that you provide this information to assist our reporting in line with the above act and to help us to improve our services.

In providing your completed response along with your application form, you are giving explicit consent for us to use this data for statistical reporting.  The data is managed confidentially, is not personally attributable, will not have any bearing on your application for funding and is processed in accordance with the Data Protection Act.

 If you do not know some of the information or if you prefer not to provide it, you can fill in the 'Prefer not to answer' box.

**Please now tell us about yourself.**​

1. Age: How old are you? X the relevant box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 16-24 | 25-44 | 45-65 | 65+ | Prefer not to say |
|  |  |  |  |  |

1. Disability: Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? X the relevant box/s.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Non-disabled | Visual impairment | Hearing impairment/deaf | Physical disabilities | Cognitive or learning disabilities |
|  |  |  |  |  |
| Mental health condition | Other long term/chronic condition | Other | Prefer not to say |  |
|  |  |  |  |  |

1. Gender: What is your gender? X the relevant box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male  | Female | Non-Binary | Other | Prefer not to say |
|  |  |  |  |  |

1. Sexual Orientation: Which of the following options best describes how you think of yourself? X the relevant box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heterosexual | Gay/Lesbian | Bisexual | Other | Prefer not to say |
|  |  |  |  |  |

1. Ethnicity: What is your ethnic group? Please indicate which best describes your ethnic group or background. X the relevant box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *White Scottish/White British* | *Irish* | *Gypsy/Traveller* | *Polish* | Cognitive or learning disabilities |
|  |  |  |  |  |
| *White Other (please specify)* | *Asian/Asian Scottish/Asian British* | *Chinese/Chinese Scottish/Chinese British* | *African/African Scottish/African British* | *Caribbean/Caribbean Scottish/Caribbean British* |
|  |  |  |  |  |
| *Black/Black Scottish/Black British* | *Arab/Arab Scottish/Arab British* | *Other* | *Prefer not to say* |  |
|  |  |  |  |  |

1. Gaelic Language: Do you speak Gaelic? X the relevant box.

|  |  |
| --- | --- |
| YES | NO |
|  |  |

1. Doric Language: Do you speak Doric? X the relevant box.

|  |  |
| --- | --- |
| YES | NO |
|  |  |

1. Scots Language: Do you speak Scots? X the relevant box.

|  |  |
| --- | --- |
| YES | NO |
|  |  |

**Thank you for completing this form.  Please now submit this by email along with your application form.**

*Please note: the Equalities Monitoring Form is anonymous and will, on receipt, be processed separately from your application.  The data is managed confidentially, is not personally attributable, will have no bearing on your application for funding and is processed in accordance with the*[*Data Protection Act*](http://www.creativescotland.com/resources/our-publications/policies/data-protection)*.*