

The University of Glasgow Students’ Representative Council is committed to promoting equality in all its activities and aims to provide a diverse work environment, free from discrimination and unfair treatment.

To confirm this commitment, GUSRC has in place an Equal Opportunities Policy which, in order to be effective, requires that we regularly review and monitor the applications we receive by collecting data on the personal characteristics of all who apply. **This data will be separated from your application form on return, and entered into a database system. The data will be entered in anonymously. This data is NOT part of the selection process.**

We ask for your assistance in completing this form.

You are not obliged to answer all the questions if you are not comfortable doing so, but please be assured that the information you provide will be handled confidentially and will only be used for the purposes of monitoring and improving our employment practices.

Thank you for your co-operation.

<b>Vacancy Applied for:</b>	
<b>Sex (please tick)</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<b>Gender identity</b> Is your gender identity the same as the sex assigned to you at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
<b>Age</b> <input type="checkbox"/> 16 - 25 <input type="checkbox"/> 26 - 40 <input type="checkbox"/> 41 - 55 <input type="checkbox"/> 56+	<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> In a Civil Partnership <input type="checkbox"/> Not married or in a civil partnership <input type="checkbox"/> Prefer not to say
<b>Ethnicity (please tick the box which best describes your ethnic origin)</b>	
<input type="checkbox"/> Arab <input type="checkbox"/> Asian or Asian British-Indian <input type="checkbox"/> Asian or Asian British-Pakistani <input type="checkbox"/> Asian or Asian British – Bangladeshi <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Roma/Traveller <input type="checkbox"/> Mixed/multiple – White and Black African <input type="checkbox"/> Mixed/multiple – White and Asian <input type="checkbox"/> Mixed/multiple – White and Black Caribbean	<input type="checkbox"/> Other Asian background <input type="checkbox"/> Other Black background <input type="checkbox"/> Other Ethnic Background <input type="checkbox"/> Other Mixed/multiple background <input type="checkbox"/> Other White background <input type="checkbox"/> White - Scottish  <input type="checkbox"/> Prefer not to say

**Nationality:**

(please specify)

**Disability**

(A disability is defined as any physical or mental impairment, which has a substantial and long- term (more than 12 months) adverse effect on a person's ability to carry out normal day to day activities).

**Do you consider yourself to have a disability?**

- Yes  
 No  
 Prefer not to say

**If yes, please tick which category you think best describes your disability**

- |   |  |
|---|--|
| <input type="checkbox"/> Dyslexia<br><input type="checkbox"/> Blind or partially sighted<br><input type="checkbox"/> Deaf or hearing impairment<br><input type="checkbox"/> Wheelchair User/other mobility difficulties<br><input type="checkbox"/> Personal care support<br><input type="checkbox"/> Long-standing illness or health condition (e.g. cancer, HIV, chronic heart disease) | <input type="checkbox"/> Mental health disability<br><input type="checkbox"/> An unseen disability (e.g. diabetes, epilepsy, asthma)<br><input type="checkbox"/> Multiple disabilities<br><input type="checkbox"/> Specific Learning difficulty (e.g. dyslexia)<br><input type="checkbox"/> Social/Communication impairment (e.g. Asperger's syndrome/other ASD)<br><input type="checkbox"/> Other disability (Please specify) |
|---|--|

**Religion or Belief**

- |   |   |
|---|---|
| <input type="checkbox"/> No religion<br><input type="checkbox"/> Buddhist<br><input type="checkbox"/> Christian – Church of Scotland<br><input type="checkbox"/> Christian – Roman Catholic<br><input type="checkbox"/> Christian – other<br><input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish<br><input type="checkbox"/> Muslim<br><input type="checkbox"/> Sikh<br><input type="checkbox"/> Spiritual<br><input type="checkbox"/> Other<br><input type="checkbox"/> Prefer not to say |
|---|---|

**Sexual Orientation**

- |   |   |
|---|---|
| <input type="checkbox"/> Bisexual<br><input type="checkbox"/> Gay man<br><input type="checkbox"/> Gay woman/lesbian | <input type="checkbox"/> Heterosexual<br><input type="checkbox"/> Other<br><input type="checkbox"/> Prefer not to say |
|---|---|

**Do you care for dependants?**

- No  
 Yes – children  
 Yes – relatives/friends  
 Yes – both children and relatives/friends  
 Prefer not to say