



Diversity Monitoring Form

Name: <i>Your name is required in order for us to update our databases</i>	
Post Applied For / Held: <i>For completion by job applicants and employees only</i>	
Name and location of service you are a customer of: <i>For completion by customers only</i>	

SCA is committed to ensuring equal opportunities for all prospective employees, current employees, volunteers, self-employed contractors and customers. To ensure that we achieve this and do not discriminate, please give details of the following. **All questions are optional; if you do not wish to give a particular piece of information please cross through the section.**

ETHNIC BACKGROUND (please tick one box)

White:			
<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other (please state)	
Mixed:			
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> White & Asian	
<input type="checkbox"/> Other (Please State)			
Asian or Asian British:			
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other (please state)
Black or Black British:			
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other (please state)	
Chinese or Other Ethnic Group:			
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please state)		

NATIONALITY (please tick one box)

<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other European	<input type="checkbox"/> Other
If 'other European' or 'other', please state here:			
If your birth nationality was different to that stated above, please state here:			

GENDER (please tick one box)

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
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AGE

What is your date of birth?

RELIGION OR BELIEF

Would like to register a religion or belief? Y/N (if yes, please state)

DISABILITY (please tick one box)

Do you consider yourself to have a disability? Y/N (if yes, please tick relevant box, and provide details over page)		
<input type="checkbox"/> Physical	<input type="checkbox"/> Learning	<input type="checkbox"/> Sensory

SEXUAL ORIENTATION (please tick one box)

<input type="checkbox"/> Heterosexual / Straight	<input type="checkbox"/> Gay or Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
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MARITAL STATUS (please tick one box)

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Civil Partnership	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
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I give my consent that any information given may be stored as computerised or manual data. This data may be used for the purposes of monitoring the makeup of the workforce and our customer base and may be seen by senior managers or officers of the company involved in the monitoring of such data. "The information you supply will be held and used by the SCA Group, including its subsidiary companies, for administrative and communication purposes within the terms of the Data Protection Act 1998. We will never supply it to third parties."

Signed:	Date:
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