

**Equality & Diversity Monitoring**

The Royal College of Physicians of Edinburgh is committed to providing diversity in all areas of our work. To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form.

The information you provide will be treated as confidential.

Please note, this form will be separated from your application before consideration of candidates takes place and will not be available to those involved in the selection process.

**Post applied for: Director of Quality Improvement and Patient Safety**

**Gender:**

Female ☐ Male ☐ Transgender ☐ Intersex ☐ Non-Binary ☐ Prefer not to say ☐

If you would prefer to use your own term please specify here:

**Age**:

16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐

Prefer not to say ☐

**Are you married or in a civil partnership?** Yes ☐ No ☐ 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 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 ☐ according to the above definition?

If ‘Yes’ please provide details:

Please indicate any arrangements which would facilitate a more comfortable interview if you are short listed:

**Religion:** Tick one box from the section below to indicate your religion or belief.

Buddhism ☐ Christianity ☐ Hinduism ☐

Islam ☐ Judaism ☐ Sikhism ☐

Other ☐ None ☐ Prefer not to say ☐

**Sexual orientation:** Tick one box from the section below to indicate which best describes your sexual orientation.

Bisexual ☐ Heterosexual ☐ Gay Man ☐

Gay Woman/Lesbian ☐ Other ☐ Prefer not to say ☐

If you would prefer to use your own term please specify here:

**Ethnic origin:** Tick one box from the following sections to indicate your ethnic origin.

White

British ☐ English ☐ Irish ☐

Gypsy or Irish Traveller ☐ Northern Irish ☐ Scottish ☐

Welsh ☐

Any other white background ☐ Please provide details:

Mixed

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐

Any other mixed background ☐ Please provide details:

Asian, Asian Scottish, Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐

Chinese ☐

Any other Asian background ☐ Please provide details:

Black, Black Scottish, Black British

Caribbean ☐ African ☐

Any other Black background ☐ Please provide details:

Other Ethnic Group

Arab ☐ Arab Scottish ☐ Arab British ☐

Any other ethnic group ☐ Please provide details:

Prefer not to say ☐

Thank you for completing this form.