



Forestry Commission

Human Resources

Silvan House
231 Corstorphine Road
Edinburgh
EH12 7AT

Tel: 0131 334 0303

Fax: 0131 314 6277

PROTECT - PERSONAL

Director
Jean Lindsay

Dear Job Applicant

Will you help us by filling in and returning the attached Equality and Diversity Monitoring Form along with your application?

We want to ensure the Forestry Commission is as representative as it can be of the diverse communities we serve. This means we want to encourage applications from all sections of the community. By filling in the attached Equality and Diversity Monitoring Form you will help us judge how well we are doing and whether we need to change the way we do things. The information you provide will be treated in the strictest confidence. It will only be used by our Human Resources team to produce statistical information and will not be shared with anyone outside this team. It will **not** be disclosed to the people who will be involved in making a decision on your application. This monitoring form will be destroyed within 12 months.

From time to time we conduct surveys to gauge the effectiveness of our Equality and Diversity policies on our recruitment processes. It would be helpful if you could indicate in the box on Section 8 of the monitoring form if you are willing for us to contact you as part of such a survey. Be assured that any information that you do provide to us in the course of a survey will be treated in confidence and not shared with anyone outside Human Resources.

Yours sincerely

Stephen Bennett

Head of Equality and Diversity
Silvan House
Edinburgh

Equality and Diversity Monitoring

1. Ethnic origin – Please indicate the ethnic group with which you most identify

a) Asian or Asian British

Bangladeshi	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Other Asian: _____	

b) Black or Black British

African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Other Black: _____	

c) Chinese or Chinese British

Chinese	<input type="checkbox"/>
Other Chinese: _____	

d) Mixed Ethnic background

Asian/White	<input type="checkbox"/>
Black African/White	<input type="checkbox"/>
Black Caribbean/White	<input type="checkbox"/>
Other mixed background: _____	

e) White

English	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other White background: _____	

f) Any other ethnic background

Please specify: _____

2. Gender – Please indicate your gender

Male	<input type="checkbox"/>
------	--------------------------

Female	<input type="checkbox"/>
--------	--------------------------

3. Trans-gender

Do you currently or have you previously considered yourself as trans-gender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

4. Sexual orientation – Please indicate which sexual orientation you identify as

Bisexual	<input type="checkbox"/>
----------	--------------------------

Gay	<input type="checkbox"/>
-----	--------------------------

Heterosexual	<input type="checkbox"/>
--------------	--------------------------

Lesbian	<input type="checkbox"/>
---------	--------------------------

Please turn over

5. Disability

The Disability Discrimination Act 1995 defines disability as any long-term illness, health problem or disability which limits your daily activities or the work you can do.

Yes

No

Do you consider yourself to be a disabled person?

If you have answered YES to the above question, can you tell us if you have any of the following conditions, which have lasted, or are expected to last, at least 12 months?

Please tick

Please tick all the boxes that apply.

Deafness or severe hearing impairment	<input type="checkbox"/>
Blindness or severe vision impairment	<input type="checkbox"/>
A physical disability (<i>a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, lifting or carrying</i>)	<input type="checkbox"/>
A learning disability	<input type="checkbox"/>
A mental health condition	<input type="checkbox"/>
A chronic illness (<i>such as cancer, HIV, diabetes, heart disease or epilepsy</i>)	<input type="checkbox"/>

I do not wish to disclose whether or not I have a disability, or, if I have stated above that I consider myself to be a disabled person, I do not want to disclose the nature of my disability.

6. Religion or Belief – Please indicate your religion or belief

Atheism	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>	No religion	<input type="checkbox"/>

Other, please state - _____

I do not wish to disclose my religion or belief

7. Age – Please indicate which age bracket you fall within

16-24

25-34

35-44

45-54

55-64

65+

8. Other details

Yes

No

May we contact you at some future date as part of a survey?

Position applied for: _____

Date: _____

Thank you for completing this form. Please return it to us along with your application form