

EQUALITY MONITORING QUESTIONNAIRE - NEW EMPLOYEE

West Lothian Council is committed to the promotion and achievement of equality of opportunity for all. As one of the largest employers in West Lothian, the council values the contribution a diverse workforce can make in achieving its social and economic aims.

As a means of ensuring that it delivers on that commitment, the council monitors the composition of its workforce in terms of age, gender, gender identity, caring responsibility, sexual orientation, ethnic origin, religion or belief, marriage and civil partnership status and disability status. As a new employee, you are asked to assist in that process by completing questionnaire below. You are under no obligation to provide this information and your decision will have no impact on your employment with the council.

Information held about you

If you do consent to provide this information West Lothian Council will hold the following personal information:

- Full name
- Gender identity
- Transgender identity
- Disability
- Caring responsibilities
- Sexual orientation
- Ethnic origin
- Religion or belief
- Marriage or civil partnership status

Who is processing my information?

All personal information is held and processed by West Lothian Council in accordance with data protection law.

How will we use information we hold about you?

Personal information held by in relation to equal opportunities monitoring will be used to monitor the council's compliance with equality legislation.

Who we will share your information with?

Information is published in our annual equality report in anonymised format. Where any individual employee could be identified, the data will not be published.

Data Label: Protect – Private & Confidential

How long do we keep your records?

We will keep your information for 6 years from the end of your employment with the council.

Your rights

You have a number of rights under data protection law, including the right to request your information and to request that the information be amended or, in some circumstances, erased if incorrect.

To request your records, you will need to put your request in writing and provide proof of identification to West Lothian Council, West Lothian Civic Centre, Howden South Road, Livingston, West Lothian, EH54 6FF

Email – hrsupport@westlothian.gov.uk

If you have any queries or concerns about how your information is used please contact Data Protection Officer, West Lothian Council, West Lothian Civic Centre, Howden South Road, Livingston, West Lothian, EH54 6FF.

You also have a right to make a complaint about our handling of your personal information to the Information Commissioner's Office.

Withdrawing consent

You are entitled at any time to withdraw your consent for the council to use your equality monitoring information. If you wish to withdraw your consent, please contact hrsupport@westlothian.gov.uk or write to Human Resources, West Lothian Council, West Lothian Civic Centre, Howden South Road, Livingston, West Lothian, EH54 6FF.

Consent

I consent to the council using my equality monitoring information for the purposes stated and to be shared with the parties stated and to be held for the period stated unless I withdraw my consent before that time has ended.

Name (block capitals):	
Signature:	Date:
:	

Copies of this questionnaire are available in alternative formats (e.g. large print) on request from Human Resources

Completed Questionnaire to be returned to:

HR & Support Services, West Lothian Civic Centre, Howden South Road, Livingston EH54 6FF

Data Label: Protect – Private & Confidential



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Name:		Date of Birth:	
Post appointed to:			

Please ✓boxes or provide information below as appropriate

GENDER IDENTITY

How would you describe your gender identity?

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
In another way	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

If you would like to, please tell us what other words you would use to describe your gender identity

TRANSGENDER IDENTITY

Have you ever identified as a transgender person or transperson? (For the purpose of this question 'transgender' or 'trans' person means anybody who's gender identity or gender expression is different to the sex assigned to them at birth).

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer Not to Say	<input type="checkbox"/>

DISABILITY

Do you consider that you have a disability? The Equality Act 2010 defines disability as a substantial, long-term physical or mental impairment (lasting 12 months or more), which affects your ability to carry out normal day-to-day activities.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer Not to Say	<input type="checkbox"/>

If you have answered yes to the above question, please state the type of disability which applies to you. If none of the categories apply, please mark 'other' and specify the type of disability.

Learning Disability	<input type="checkbox"/>	Deafness/Hearing Loss	<input type="checkbox"/>
Longstanding Condition	<input type="checkbox"/>	Blindness/Sight Loss	<input type="checkbox"/>
Mental Health Condition	<input type="checkbox"/>	Other	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Prefer Not to Say	<input type="checkbox"/>

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If you have ticked 'Other' please provide further information on the type of disability in the box below:

CARING RESPONSIBILITIES

Do you have caring responsibilities?

Yes, Children Under 18

No

Yes, Other

Prefer Not to Say

SEXUAL ORIENTATION

What is your sexual orientation?

Bisexual

Prefer Not to Say

Gay/Lesbian

Heterosexual/Straight

If you would like to, please tell us how you would describe your sexual orientation

Please ✓ boxes or provide information below as appropriate

ETHNIC ORIGIN

What is your ethnic group? Please select the option which best describes your ethnic group or background.

White - Scottish	<input type="checkbox"/>	Asian - Chinese	<input type="checkbox"/>
White - Other British	<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Asian – Pakistani	<input type="checkbox"/>
White - Eastern European	<input type="checkbox"/>	Asian – Other	<input type="checkbox"/>
White - Gypsy/Traveller	<input type="checkbox"/>	Black	<input type="checkbox"/>
White - Other Ethnic Group	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>	Mixed/Multiple Ethnic Group	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Asian - Bangladeshi	<input type="checkbox"/>	Prefer Not to Say	<input type="checkbox"/>

RELIGION OR BELIEF

What is your Religion or Belief?

None	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Other Christian	<input type="checkbox"/>	Pagan	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Other Religion or Belief	<input type="checkbox"/>
Humanist	<input type="checkbox"/>	Prefer Not to Say	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>		

MARRIAGE AND CIVIL PARTNERSHIP

What is your legal marital status or same-sex civil partnership status?

Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Married	<input type="checkbox"/>	Dissolved Civil Partnership	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Separated	<input type="checkbox"/>	Prefer Not to Say	<input type="checkbox"/>