

## SDS Equality Monitoring Form

### **Note to Providers:**

Guidance for completing this form can be found at [SDS Equality & Diversity](#)

**This form must be completed by the participant.**

You must ensure that:

- both Sections A and Section B of this SDS Equality Monitoring Form are given to the participant before asking the participant any of the questions in Section A
- the participant reads and signs the form in this Section B. The completed and signed section B must be retained at all times by the provider for inspection

**Section A of this form must be securely disposed of immediately once the information has been entered into the FIPS secure recording system.**

## Section A

### Ethnic Group

#### What is your ethnic group?

Choose **ONE** section from A to G, then tick **ONE** box which **best describes** your ethnic group or background.

#### A White

<input type="checkbox"/>	Scottish	
<input type="checkbox"/>	Other British	
<input type="checkbox"/>	Irish	
<input type="checkbox"/>	Gypsy/ Traveller	
<input type="checkbox"/>	Polish	
<input type="checkbox"/>	Other white ethnic group	

#### B Mixed or multiple ethnic group

<input type="checkbox"/>	Any mixed or multiple ethnic groups	
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#### C Asian, Asian Scottish or Asian British

<input type="checkbox"/>	Pakistani, Pakistani Scottish or Pakistani British	
<input type="checkbox"/>	Indian, Indian Scottish or Indian British	
<input type="checkbox"/>	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
<input type="checkbox"/>	Chinese, Chinese Scottish or Chinese British	
<input type="checkbox"/>	Other	

#### D African

<input type="checkbox"/>	African, African Scottish or African British	
<input type="checkbox"/>	Other	

#### E Caribbean or Black

<input type="checkbox"/>	Caribbean, Caribbean Scottish or Caribbean British	
<input type="checkbox"/>	Black, Black Scottish or Black British	
<input type="checkbox"/>	Other	

#### F Other ethnic group

<input type="checkbox"/>	Arab, Arab Scottish or Arab British	
<input type="checkbox"/>	Other	

#### G All ethnic groups

<input type="checkbox"/>	Prefer not to say	
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## Gender

How would you describe your gender? (please tick one)

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

## Transgender

Have you ever identified as a trans or transgender person?<sup>1</sup>

<input type="checkbox"/>	Yes	
<input type="checkbox"/>	No	
<input type="checkbox"/>	Prefer not to say	

## Religion/Belief

What religion, religious denomination or body do you belong to?

<input type="checkbox"/>	None	
<input type="checkbox"/>	Church of Scotland	
<input type="checkbox"/>	Roman Catholic	
<input type="checkbox"/>	Other Christian	
<input type="checkbox"/>	Muslim	
<input type="checkbox"/>	Buddhist	
<input type="checkbox"/>	Sikh	
<input type="checkbox"/>	Jewish	
<input type="checkbox"/>	Hindu	
<input type="checkbox"/>	Pagan	
<input type="checkbox"/>	Another religion please state	
<input type="checkbox"/>	Prefer not to say	

## Sexual Orientation

Which of the following options best describes how you think of yourself? (please tick one)

<input type="checkbox"/>	Heterosexual/Straight	
<input type="checkbox"/>	Gay/Lesbian	
<input type="checkbox"/>	Bisexual	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Prefer not to say	

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<sup>1</sup> Equality organisations use the terms "transgender" and "trans" as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth.

## Care Experience

- Have you ever been in care\*?

	Yes	
	No	
	Prefer not to say	

\* In care means you are or were formally looked after by a local authority, in the family home (with support from social services or a social worker) or elsewhere, for example, in foster care, residential/secure care, or kinship care (with family friends or relatives).

## Disability

- Do you have an impairment, health condition or learning difficulty?\*

	Yes	
	No	
	Prefer not to say	

\* lasting or expected to last 12 months or more

- If you have an impairment, health condition or learning difficulty, please **select all** those on the list that apply. (**List of examples are not exhaustive**)

	You have a social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder.	
	You have a learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate) such as Down's Syndrome.	
	You are blind or have a visual impairment uncorrected by glasses.	
	You are deaf or have a hearing impairment.	
	You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.	
	You have a mental health difficulty, such as depression, schizophrenia or anxiety disorder.	
	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D.	
	You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, asthma, or epilepsy.	
	You have a disability, impairment or medical condition that is not listed above Please state	
	Prefer not to say	