

**SCOTTISH LAW COMMISSION**

**PERSONAL INFORMATION MONITORING FORM FOR APPLICANTS FOR LEGAL ASSISTANT POSTS**

Personal information which you provide on this form will be separated from your other application papers and will not be available to those responsible for the recruitment process.

**What is your ethnic group**?

The Commission is required to undertake ethnic monitoring of all staff whom it employs directly and of all applicants for employment. The information that you provide will be treated in the strictest confidence.

Choose one section from A to E, then tick the appropriate box to indicate your cultural background.

**A White**

|  |  |
| --- | --- |
|  | Scottish |

Other British

|  |  |
| --- | --- |
|  | English |

|  |  |
| --- | --- |
|  | Welsh |

|  |  |  |
| --- | --- | --- |
|  | Other, **please write in** |  |

|  |  |
| --- | --- |
|  | Irish |

|  |  |  |
| --- | --- | --- |
|  | Any other White background,  **please write in** |  |

………………..…………………………………………………………..………………………..……

**B Mixed**

|  |  |  |
| --- | --- | --- |
|  | Any Mixed background,  **please write in** |  |

……………………………………………………………………………………………………………

**C Asian, Asian Scottish, Asian English, Asian Welsh, or other Asian British**

|  |  |
| --- | --- |
|  | Indian |

|  |  |
| --- | --- |
|  | Pakistani |

|  |  |
| --- | --- |
|  | Bangladeshi |

|  |  |
| --- | --- |
|  | Chinese |

|  |  |  |
| --- | --- | --- |
|  | Any other Asian background,  **please write in** |  |

………………..…………………………….…………………………………….………………………

**D Black, Black Scottish, Black English, Black Welsh, or other Black British**

|  |  |
| --- | --- |
|  | Caribbean |

|  |  |
| --- | --- |
|  | African |

|  |  |  |
| --- | --- | --- |
|  | Any other Black background,  **please write in** |  |

…………………………………………………………………..………………………………………..

**E Other ethnic background**

|  |  |  |
| --- | --- | --- |
|  | Any other background,  **please write in** |  |

**Gender information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male |  |  | Female |  |

|  |  |
| --- | --- |
| **Date of birth** |  |

**Disability** (you need not answer these questions unless you wish to do so)

Have you a disability within the meaning of the Equality Act 2010?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** |  | **No** |  |

Do you have a disability/health problem which affects the work you can do?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** |  | **No** |  |

If you have answered yes to either of these questions please give details:

|  |
| --- |
|  |

If you have a disability within the meaning of the Equality Act 2010, would you like to be considered for a guaranteed interview? **You will be guaranteed an interview if you meet the minimum criteria for the post. At the interview itself, you will be considered on your abilities.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** |  | **No** |  |

Where invited for interview, would you like any special arrangements made?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** |  | **No** |  |

If yes, please give details:

|  |
| --- |
|  |

**Thank you for taking the time to complete this questionnaire. Please return it to the Commission with your application form.**

For official use only

Unique number

