**Logo

Description automatically generated**

**Equality and diversity monitoring form**

The Scotch Whisky Association wants to meet the aims and commitments set out in its equality, inclusion and diversity policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

We need your help and co-operation to enable it to do this, but filling in this form is voluntary.

We would be grateful if you would complete this form and return it to us **separately** from the main application form**. It will be detached from the rest of your application before shortlisting** and will not be seen by members of the selection panel.

1. What is your sex?

*Please select one option*

Male

Female

Prefer not to say

1. Do you consider yourself to be trans, or have a trans history?

*Please select one option*

Yes

No

Prefer not to say

If yes, and if you would like to, please describe your trans status (for example non-binary, trans man, trans woman):

Please specify…………………………………………………….

Prefer not to say

1. Please tick or highlight the category which includes your age:

16-24  25-29  30-34  35-39

40-44  45-49  50-54  55-59

60-64  65+ Prefer not to say

1. Do you consider yourself to have a disability?

*Please select one option*

Yes

No

Prefer not to say

Section 6(1) of the Equality Act 2010 states that a person has a disability if that person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.

Please note that the information in this form is for monitoring purposes only. If you need a reasonable adjustment to enable you to participate effectively in the recruitment process then please contact the SWA to discuss ([hr@swa.org.uk](mailto:hr@swa.org.uk)).

1. What do you consider your sexual orientation to be?

*Please select one option*

Heterosexual

Gay

Lesbian

Bisexual

Other

I prefer to use my own term (please specify)………………………….

Prefer not to say

1. What is your ethnic group?

*Please select one option*

Prefer not to say

**White**

Scottish

Other British

Irish

Other white ethnic group (please specify)………………………

**Mixed or multiple ethnic group**

Any mixed or multiple ethnic groups (please specify)……………………………

**Asian, Asian Scottish or Asian British**

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other Asian background (please specify)………………………

**African**

African, African Scottish or African British

Any other African (please specify)……………………

**Caribbean or Black**

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Any other Caribbean or Black (please specify)………………….

**Other Ethnic Group**

Arab, Arab Scottish or Arab British

Any other ethnic group (please specify)………………….

1. What are your religious beliefs?

*Please select one option*

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other religion/belief (please specify)………………….

Prefer not to say

1. Do you have caring responsibilities? If yes, please tick all that apply

None

Primary carer of a child/children (under 18)

Primary carer of a disabled child/children (under 18)

Primary carer of disabled adult (18 and over)

Primary carer of older person (65 and over)

Secondary carer (another person carries out the main caring role)

Other carer (please specify)……………………………….

Prefer not to say

Thank you for completing this form.