Stòrlann
Nàiseanta na Gàidhlig

Equal Opportunities Monitoring Form | CONFIDENTIAL

Stòrlann Nàiseanta na Gàidhlig is committed to ensure equal opportunities for all applicants to its posts and for all employees in its service. In order to monitor the effectiveness of the Equal Opportunities Policy, all applicants are being asked to complete this form.

Post Applied For:		Location:	

Where did you see the vacancy advertised?

Surname:		Date of Birth:
Forename(s):		

Sex:
Male ☐   Female ☐

Marital Status: * widowed, separated, etc.
Married ☐   Unmarried ☐   Other* ☐

Disability: Do you consider yourself to have a disability?

No ☐   Yes ☐

If Yes, please provide details.

Ethnic Origins:

Please indicate with which of the undernoted categories you most closely associate yourself, with regard to ethnic or cultural background. These categories are recommended by the Commission for Racial Equality.

White Scottish	☐	Pakistani	☐	African	☐
Other White British	☐	Bangladeshi	☐	Other Black	☐
White Irish	☐	Other (South) Asian	☐	Mixed	☐
Other White	☐	Chinese	☐	Other	☐
Indian	☐	Caribbean	☐		

Internal Applicants: Are you currently working with Stòrlann?   Yes ☐   No ☐

Data Protection Act 1998: The information provided by you constitutes sensitive personal data in terms of the Data Protection Act 1998. The information will be held securely by Stòrlann Nàiseanta na Gàidhlig, An Tosgan, 54 Seaforth Road, Stornoway, Isle of Lewis HS1 2SD. This information will be used to provide a statistical profile of all applicants and will be kept separate from your application. The information may be disclosed to other persons or bodies in order to comply with Stòrlann's legal obligations. Disclosures will be of anonymous statistical information only. Further information on your rights under the Act may be obtained from the Chairperson, Stòrlann Nàiseanta na Gàidhlig, An Tosgan, 54 Seaforth Road, Stornoway, Isle of Lewis HS1 2SD.

Declaration: I consent to the processing of this information by Stòrlann Nàiseanta na Gàidhlig for the above purposes.

Signature: _____   Date: _____