

Equalities Monitoring Form

HIGHLAND ATHLETE TRAVEL AWARD SCHEME

High Life Highland and **sportscotland** seek to promote equal opportunities in sport. Applicants to this Athlete Travel Award Scheme are asked to provide the information below as part of the application process. This page will be detached upon receipt and kept separate from your application form. The information you have provided will be treated in confidence and will not be used for any purpose other than equal opportunities monitoring. The details will be recorded on a database. Please tick the appropriate boxes and/or fill in the space for each question.

Gender

Male
 Female
 Prefer not to say

Age

12-16
 17-19
 20-24
 25-29
 30+
 Prefer not to say

Ethnicity

I would describe my ethnic origin as:

Asian British Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other white	<input type="checkbox"/>
Asian British Indian	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Asian British Pakistani	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>	White Scottish	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>	White British	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other	<input type="checkbox"/>	White European	<input type="checkbox"/>



Black British	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Chinese	<input type="checkbox"/>

Other Asian	<input type="checkbox"/>
Other Black	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>

White Irish	<input type="checkbox"/>
White Non European	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Disabilities

Do you consider yourself to have a disability?
(please delete as appropriate)

Yes / No / Prefer Not to Say

If you answered yes to the previous question, please provide further details of the nature of your disability below:

Hearing	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Other	<input type="checkbox"/>	Brief description e.g. wheelchair user, dyslexia, partially sighted:
Learning (e.g. dyslexia)	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Physical	<input type="checkbox"/>	