

Equalities Monitoring Form

HIGHLAND ATHLETE TRAVEL AWARD SCHEME

High Life Highland and **sportscotland** are committed to making sport accessible to all. This will be accomplished by upholding the principles of equality in all aspects of our work. We will audit and monitor our activities regularly and take appropriate steps if it appears that our commitment to equality is not being delivered effectively.

We are collecting data on the profile of Highland Athlete Travel Award Scheme applicants in terms of equality. The responses you provide in this form are confidential and anonymous.

Your cooperation in helping us to gather this monitoring information will greatly aid our efforts to ensure that all applicants are treated fairly regardless of age, race, disability, sex, gender identity, sexual orientation, religion or belief.

Without this data, it will not be possible to identify any current areas of under-representation or potential inequalities, and as such, it will make it much more difficult for us to tackle these issues.

This work is being carried out as part of our responsibilities under the Equality Act 2010.

How your personal information is treated and stored.

The information you provide in this form will be treated in confidence and will not be used for any purpose other than equal opportunities monitoring.

The details in this form will be kept separate from your Highland ATAS application.

For more information on our privacy policy and how your data will be stored, please view the [privacy notice](#) on our [GDPR webpage](#).

Consent

Please tick to confirm your consent for us to collect your personal data in line with the Data Protection Act 1998

I have read and understood the covering letter which outlines the reasons for collecting my personal information and how this information will be treated.	Please tick:	Date:
--	--------------	-------

Age

Please indicate your age by ticking one of the boxes below

12 - 16	
17 - 19	
20 - 24	
25 - 29	
30 - 34	
35 +	
I would prefer not to answer this question	

Sex and Gender Identity

Please indicate your sex by ticking one of the boxes below

Male	
Female	
I would prefer not to answer this question	

Have you ever identified as transgender?	
Yes	
No	
I would prefer not to answer this question	

Ethnicity

Please indicate your ethnic group by ticking one of the boxes below

White	
Scottish	<input type="checkbox"/>
Other British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy Traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Any other white ethnic group, please write in:	<input type="text"/>
Mixed or multiple ethnic origin, please write in:	<input type="text"/>
Asian, Asian Scottish or Asian British	
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, please write in:	<input type="text"/>
African	
African, African Scottish or African British	<input type="checkbox"/>
Caribbean or Black	
Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>
Black, Black Scottish, or Black British	<input type="checkbox"/>
Other, please write in:	<input type="text"/>
Other Ethnic Group	
Arab, Arab Scottish, or Arab British	<input type="checkbox"/>
Other, please write in:	<input type="text"/>
I would prefer not to answer this question	<input type="checkbox"/>

Disabilities

The Equality Act 2010 defines disability as:

“A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”

Do you consider yourself to be disabled?

Yes	
No	
I would prefer not to answer this question	

Please identify the nature of your disability:

Deafness or hearing impairment or hearing loss	
Blindness or visual impairment or low vision	
Learning disability	
Learning difficulty	
Developmental disorder	
Physical disability	
Mental health condition	
Long term illness, disease, or condition	
Other condition, please write in:	
I would prefer not to answer this question	

Religion or belief

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

None	
Church of Scotland	
Roman Catholic	
Other Christian, please write in;	
Muslim	
Buddhist	
Sikh	
Jewish	
Hindu	
Another religion or body, please write in:	
I would prefer not to answer this question	

Caring Responsibility

Are you the primary caregiver to a child or children, or other dependents including disabled, elderly or sick adults?

Yes	
No	
I would prefer not to answer this question	

Thank you for taking the time to fill out this survey.