

DIVERSITY AND EQUALITY MONITORING FORM

The City of Edinburgh Licensing Board is committed to ensuring fair practices are adhered to throughout the licensing process. The Board recognises how important it is that no applicant is treated less favourably on any grounds, including age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

This form has been prepared to help the Board gather information about the licensing application process.

Data Protection Act 1998

Responses to this form provide valuable information to help the Board to ensure that no one is unintentionally discriminated, to promote equality of opportunity and develop good relations across the Board's licensing area.

All responses will be treated in the strictest confidence and will be used only to provide a statistical profile of licence holders. Individual names will not be published in any way that makes it possible for individuals to be identified. Thank you for your co-operation.

Age

What was your age last birthday?

Disability

Q. Do you have any of the following conditions which have lasted, or expected to last, at least 12 months?

A. Tick all that apply

1. Deafness or partial hearing loss
2. Blindness or partial sight loss
3. Learning disability (e.g. Down's Syndrome)
4. Learning difficulty (e.g. dyslexia)
5. Developmental disorder (e.g. Autistic Spectrum Disorder or Asperger's Syndrome)
6. Physical disability
7. Mental health condition
8. Long-term illness, disease or condition
9. Other condition – please specify

Q. Are your day to day activities (including mobility) limited because of a health problem or disability which has lasted or is expected to last at least 12 months? Including age related infirmities.

1. Yes – limited a lot
2. Yes – limited a little
3. No

Gender Identity

- 1. Male (including female to male trans men)
- 2. Female (including male to female trans women)
- 3. Non binary
- 4. Other

Race

Q What is your ethnic group?

Choose one section from A to F and then tick the one that best describes your ethnic group or background

A White

- 1. Scottish
- 2. Other British
- 3. Irish
- 4. Gypsy Traveller
- 5. Polish
- 6. Other white ethnic group

B Mixed or multiple ethnic group

- 7.

C Asian, Asian Scottish or Asian British

- 8. Pakistani, Pakistani Scottish or Pakistani British
- 9. Indian, Indian Scottish or Indian British
- 10. Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- 11. Chinese, Chinese Scottish or Chinese British
- 12. Other

D African

- 13. African, African Scottish or African British
- 14. Other

E Caribbean or Black

- 15. Caribbean, Caribbean Scottish or Caribbean British
- 16. Black, Black Scottish or Black British
- 17. Other

F Other

- 18. Arab, Arab Scottish or Arab British
- 19. Other

Religion and belief (including non belief)

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

- 1. None

