

CONFIDENTIAL
DIVERSITY AND EQUALITY MONITORING FORM

Renfrewshire Licensing Board is committed to ensuring that fair practices are adhered to throughout the licensing process and 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.

Data Protection Act 1998

Responses to diversity and equality monitoring questions provide value information and help us to ensure that no one unintentionally discriminated, promote equality of opportunity and develop good relations across the diverse communities of Renfrewshire.

All responses will be treated in the strictest confidence and will be used simply 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 Individual names will not be published in any way that makes it possible for individuals to be identified.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.

PLEASE TICK APPROPRIATE BOX

<p>1. Sex</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>2. Marriage and Civil Partnership</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Living with Partner</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced/Separated</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>3. Do you regard yourself as having a disability or additional support needs?</p> <p><input type="checkbox"/> Yes, Registered Disabled</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to answer</p>			
<p>4. Age</p> <p><input type="checkbox"/> Under 21 years</p> <p><input type="checkbox"/> 41 - 50 years</p> <p><input type="checkbox"/> 21 - 30 years</p> <p><input type="checkbox"/> 31 - 40 years</p> <p><input type="checkbox"/> 51 - 60 years</p> <p><input type="checkbox"/> Over 60 years</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>5. Sexual Orientation</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Prefer not to answer</p>	<p>6. National Identity</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Welsh</p> <p><input type="checkbox"/> Or any other? (Specify if you wish)</p> <p>.....</p> <p><input type="checkbox"/> Prefer not to answer</p>			
<p>7. Religion or Belief</p> <table border="0" style="width: 100%;"><tbody><tr><td style="width: 33%;"><p><input type="checkbox"/> Buddhist</p><p><input type="checkbox"/> Church of Scotland</p><p><input type="checkbox"/> Humanist</p><p><input type="checkbox"/> Islam</p></td><td style="width: 33%;"><p><input type="checkbox"/> Sikh</p><p><input type="checkbox"/> Pagan</p><p><input type="checkbox"/> Other Christian</p><p><input type="checkbox"/> None</p></td><td style="width: 33%;"><p><input type="checkbox"/> Hindu</p><p><input type="checkbox"/> Roman Catholic</p><p><input type="checkbox"/> Jewish</p><p><input type="checkbox"/> Prefer not to answer</p></td></tr></tbody></table> <p style="text-align: right;"><input type="checkbox"/> Other (Specify if you wish)</p> <p style="text-align: right;">.....</p>			<p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Humanist</p> <p><input type="checkbox"/> Islam</p>	<p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Pagan</p> <p><input type="checkbox"/> Other Christian</p> <p><input type="checkbox"/> None</p>	<p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Prefer not to answer</p>
<p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Church of Scotland</p> <p><input type="checkbox"/> Humanist</p> <p><input type="checkbox"/> Islam</p>	<p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Pagan</p> <p><input type="checkbox"/> Other Christian</p> <p><input type="checkbox"/> None</p>	<p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Roman Catholic</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Prefer not to answer</p>			

8. Primary or Main Language

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Urdu | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Other (Specify if you wish) |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Bengali | |

9. Please indicate which groups you most identify with. Please tick only **one** box in **Column A** and **one** box in **Column B**.

Column A

- British
- English
- Irish
- Scottish
- Welsh
- Or any other? (Specify if you wish)
-
- Prefer not to answer

Column B

WHITE

- Any white background (specify if you wish)
-
- Prefer not to answer

ASIAN

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background (specify if you wish)
-
- Prefer not to answer

BLACK

- African
- Caribbean
- Any other Black background (specify if you wish)
-
- Prefer not to answer

MIXED ETHNIC

- Asian and White
- Black African and White
- Black Caribbean and White
- Any other Mixed ethnic background (specify if you wish)
-
- Prefer not to answer
- Any other ethnic background (specify if you wish)
-

10 What do you think we could do to improve the licensing process for you, and to improve methods of communication with you?
