

EQUALITIES MONITORING

Education Scotland would be very grateful if you would complete the questions below and return in the pre-paid envelope enclosed. By completing this questionnaire you are helping us to make sure that everyone gets an opportunity to have their say in inspections. You will not be identified from this questionnaire and anything you tell us will be treated confidentially. Are you:

A teacher or other member of staff working directly with children/young people

A member of staff not directly involved in teaching pupils

A parent¹

A secondary pupil

Are you male or female?

Male

Female

Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months? Tick all that apply.

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Learning disability (for example, Down's Syndrome)
- Learning difficulty (for example, dyslexia)
- Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)
- Physical disability
- Mental health condition
- Long-term illness, disease or condition
- Other condition, please write in

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or No condition

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

What do you feel is your national identity? Tick all that apply.

- Scottish
- English
- Welsh
- Northern Irish
- British
- Other, please write in

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¹ Parents include foster carers and carers who are relatives or friends

What is your ethnic group?

Choose **ONE** section from A to E, then tick **ONE** box which **best describes** your ethnic group or background

A White

- | | | | |
|--------------------------|----------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Scottish | <input type="checkbox"/> | Irish |
| <input type="checkbox"/> | English | <input type="checkbox"/> | Gypsy/Traveller |
| <input type="checkbox"/> | Welsh | <input type="checkbox"/> | Polish |
| <input type="checkbox"/> | Northern Irish | <input type="checkbox"/> | Any other white ethnic group, |
| <input type="checkbox"/> | British | | please write in |

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B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups, please write in

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C Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in

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D African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, Please write in

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E Other ethnic group

- Arab
- Other, please write in

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Please insert date questionnaire completed: **Date:** _____

Thank you for completing the questionnaire. Please contact us if you want to know how to get the questionnaire in a different format, for example, in a translation. You can contact us at enquiries@educationscotland.gsi.gov.uk or write to us at BMCT, Education Scotland, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

Text phone users can contact us on 01506 600236. This is a service for deaf users. Please do not use this number for voice calls as the line will not connect you to a member of staff.