

## Equality Monitoring Information – September 2022

The Scottish FA and Queen of the South Football Club aims football in Scotland to be representative and reflective at all levels of the game, by identifying and removing barriers within Scottish Football practices. Completing this monitoring form will help us achieve this, and also help Scottish Football to meet its obligations under the Equality Act 2010.

While it is voluntary to disclose this information, doing so will enable Scottish Football to better understand the composition of players, coaches, officials, volunteers and supporters.

Your answers will be treated in the strictest confidence, and all data disclosed will comply with the Data Protection Legislation.

<b>How would you describe your involvements within the Game?</b>	<input type="checkbox"/> Player <input type="checkbox"/> Coach / Manager <input type="checkbox"/> Member of Staff / Volunteer <input type="checkbox"/> Board Member <input type="checkbox"/> Supporter	
<b>Which Level of the Game are you involved within?</b>	<input type="checkbox"/> Professional / Senior <input type="checkbox"/> Junior <input type="checkbox"/> Amateur <input type="checkbox"/> Grassroots <input type="checkbox"/> Club Academy Scotland <input type="checkbox"/> Recreational / Unaffiliated	
<b>Age</b>	<input type="checkbox"/> 16 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 + <input type="checkbox"/> Prefer not to say	
<b>Which of the following describes how you think about yourself?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	
<b>Have you ever identified as a transgender person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
<b>Which of the following best describes how you think of your sexual orientation?</b>	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay / lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	
<b>What is your ethnic background?</b>	<b>White</b>	
	Scottish	
	English	
	Welsh	
	Northern Irish	
	Irish	
	Gypsy or Irish Traveller	
	Polish	
	Any other white ethnic group, please write in:	
	Mixed or multiple ethnic origin, please write in:	
	<b>Asian, Asian Scottish or Asian British</b>	
	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:		

<b>What are your religious beliefs?</b>	<b>African</b>
	African, African Scottish or African British
	<b>Caribbean or Black</b>
	Caribbean, Caribbean Scottish or Caribbean British
	Black, Black Scottish or Black British
	Other, please write in:
	<b>Other Ethnic Group</b>
	Arab, Arab Scottish or Arab British
	Other, please write in:
	<input type="checkbox"/> Buddhist <input type="checkbox"/> Sikh <input type="checkbox"/> Church of Scotland <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Christian – Other Denomination <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Other religion <input type="checkbox"/> No religion <input type="checkbox"/> Prefer not to say
<b>The Equality Act 2010 states that: 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.</b>	
<b>Do you consider yourself to be disabled?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
<b>If yes, please identify the nature of your disability:</b>	<input type="checkbox"/> Deafness or partial hearing loss <input type="checkbox"/> Blindness or partial sight loss <input type="checkbox"/> Learning disability <input type="checkbox"/> Learning difficulty <input type="checkbox"/> Developmental disorder <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental health condition <input type="checkbox"/> Long term illness, disease or condition <input type="checkbox"/> Other condition, please write in <input type="checkbox"/> Prefer not to say
<b>I have read and understood the reasons for collecting my personal information and how this information will be treated and I give consent for the <a href="#">Queen of the South Football Club</a> and <a href="#">Scottish FA</a> to collect my personal data.</b>	<input type="checkbox"/> Yes Date: _____

The Scottish Football Association respects your privacy and we will not disclose your personal data to any other third party without your consent unless legally required. The Scottish FA will process personal data collected from you for the purpose of **monitoring compliance with our equal opportunities obligations and policy**. For further information, our full Privacy Policy can be found on our website [www.scottishfa.co.uk/privacy-notice/](http://www.scottishfa.co.uk/privacy-notice/). Our legal grounds for processing your personal information are consent and we will store and retain your personal information for as long as necessary to fulfil the purposes we collected it for.

In case of any questions or queries, please contact Queen of the South Football Club 01387 254853 or email- [admin@qosfc.com](mailto:admin@qosfc.com)