Equality Monitoring Information – May 2024

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.

As parental consent is required for people under 16 years of age, please complete and return to your coach

| How would you describe | ☐ Player ☐ Supporter |
|---|--|
| your involvements | - 1 Tayer - 2 Supporter |
| within the Game? | |
| Which Level of the Game | ☐ Grassroots |
| are you involved within? | ☐ Club Academy Scotland |
| | ☐ Recreational / Unaffiliated |
| | |
| Age | ☐ Under 12 |
| | □ 12-13 |
| | □ 14-15 |
| | ☐ Prefer not to say |
| Sex | ☐ Male |
| | ☐ Female |
| | ☐ Other (Please specify) |
| | ☐ Prefer not to say |
| The Equality Act 2010 state | es that: a person has a disability if they have a physical or mental |
| | |
| impairment which has a su | ibstantial and long term adverse effect on their ability to carry out normal |
| day to day activities. | bstantial and long term adverse effect on their ability to carry out normal |
| day to day activities. Do you consider yourself | bstantial and long term adverse effect on their ability to carry out normal ☐ Yes |
| day to day activities. Do you consider yourself to have a disability / | |
| day to day activities. Do you consider yourself | □ Yes |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No |
| day to day activities. Do you consider yourself to have a disability / impairment? | ☐ Yes ☐ No ☐ Prefer not to say |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment ☐ Deaf / Hard of hearing |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment ☐ Deaf / Hard of hearing ☐ Blind Visual Impairment |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment ☐ Deaf / Hard of hearing ☐ Blind Visual Impairment ☐ Learning Difficulty |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment ☐ Deaf / Hard of hearing ☐ Blind Visual Impairment ☐ Learning Difficulty ☐ Wheelchair user |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment ☐ Deaf / Hard of hearing ☐ Blind Visual Impairment ☐ Learning Difficulty ☐ Wheelchair user ☐ Other condition (Please Specify) ☐ Prefer not to say |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment ☐ Deaf / Hard of hearing ☐ Blind Visual Impairment ☐ Learning Difficulty ☐ Wheelchair user ☐ Other condition (Please Specify) |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment ☐ Deaf / Hard of hearing ☐ Blind Visual Impairment ☐ Learning Difficulty ☐ Wheelchair user ☐ Other condition (Please Specify) ☐ Prefer not to say |
| day to day activities. Do you consider yourself to have a disability / impairment? If yes, please identify the nature of your disability: | ☐ Yes ☐ No ☐ Prefer not to say ☐ Physical Impairment ☐ Deaf / Hard of hearing ☐ Blind Visual Impairment ☐ Learning Difficulty ☐ Wheelchair user ☐ Other condition (Please Specify) ☐ Prefer not to say ONLY CONTINUE IF 12-15 YEARS OLD |

| | ☐ Caribbean or Black | |
|---|---------------------------------------|--|
| | ☐ Other Ethnic Group (Please specify) | |
| | ☐ Prefer not to say | |
| Parental/ Guardian Consent below is essential for Under 16 year olds. | | |
| | | |
| Please ask a parent/guardian to fill this part out. | | |
| | | |
| I have read and | | |
| understood the covering | Signature: | |
| letter which outlines the | 3 | |
| reasons for collecting my | Date: | |
| child's personal | | |
| information and how this | | |
| information will be | | |
| treated | | |

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/. 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