



**Boxing Scotland Limited
Getting to Know You
Equality Monitoring Form - Under 18s**

We want to make boxing as rewarding as we can for you. This means making sure Boxing Scotland can plan for the future as far as possible making sure that the sport is accessible to everyone who wants to take part. It's also vital that we work as hard as we can to eliminate anything that might prevent people from participating fully especially inequality or any kind of negative discrimination or unfair treatment.

To help us do this we would like to know more about you. This information allows us to shape Boxing Scotland to meet the needs of our members but also helps us to remove any barriers that might exist which deter others from participating fully and getting the best possible experience from what the sport has to offer.

It will also be extremely helpful to us in representing Boxing Scotland to others and attracting investment and funding to grow the sport.

Please complete our "Getting to know you" equality survey. The information you give will be treated in complete confidence.

Consent

Please tick to confirm your consent for us to collect your personal data in line with the Data Protection Act (DPA) 2018 and General Data Protection Regulations (GDPR) 2018. The information will only be used for the purposes stated above & the form destroyed after it has been collated.

I have read and understood the covering letter which outlines the reasons for collecting my personal information and how this information will be treated	Please tick:	Please write in the date:
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Your Role

Please indicate how you are involved in your sport by ticking one of the boxes below:

Member or Boxer	
Staff (paid)	
Staff (unpaid)	
Coach	
Official	
Club Committee	

I would prefer not to answer this question	
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Age

Please indicate your age by ticking one of the boxes below

11-17	<input type="checkbox"/>
Under 11	<input type="checkbox"/>

I would prefer not to answer this question	<input type="checkbox"/>
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Sex

Please indicate your sex by ticking one of the boxes below:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

I would prefer not to answer this question	<input type="checkbox"/>
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Disability

Do you consider yourself to have a disability?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

I would prefer not to answer this question	<input type="checkbox"/>
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Ethnic Group – this question is for U-18 year age category only

Please indicate your ethnic group by ticking one of the boxes below

White	<input type="checkbox"/>
Asian, Asian Scottish or Asian British	<input type="checkbox"/>
African	<input type="checkbox"/>
Caribbean or Black	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>

Scottish Official Statistics: Categories from the Scottish Census 2011

I would prefer not to answer this question	<input type="checkbox"/>
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Parent or Guardian

I as the parent/guardian give permission for my child to participate in BSL equality monitoring process.

Signed

Position

Date

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Thank-you for taking the time to fill out this survey