



Royal Conservatoire  
of Scotland

**Personal Information and HESA Monitoring Form**

The Royal Conservatoire of Scotland is obliged to make a statistical return to the Higher Education Statistical Agency (HESA) every year on all our employees. The information provided to HESA is used to assist the Scottish Funding Council and other governmental agencies to carry out their statutory functions connected with the funding of higher education. Therefore it is imperative that we submit accurate information.

Please be assured that the information sent to HESA is completely confidential and HESA cannot trace any information to any one person within the organisation. The information that we submit is in coded, statistical form - we do not give your name, contact details or any information that could be attributed to you.

We also need this information for our internal processes within the Royal Conservatoire of Scotland. All the information gathered will inform our equality and diversity activities and be used for monitoring and reporting purposes only. All information will be held in the strictest of confidence in accordance with Data Protection legislation.

Please complete this HESA Personal Information Form and return this to the HR Department.

**SECTION 1 – PERSONAL DETAILS**

Title	
First Name	
Surname	
Address	
Postal Code	
Contact Details	Email: Mobile: Email:
Department	
National Insurance Number	
Date of Birth	

**SECTION 2 – EMERGENCY CONTACT INFORMATION**

Name:		Name:	
Nature of Relationship:		Nature of Relationship:	
Address:		Address:	
Contact Details:	Mob: Home:	Contact Details:	Mob: Home:

**SECTION 3 – HESA DETAILS**

<b>Nationality</b>	
<b>Highest Qualification</b> <i>(please tick ONE of the boxes)</i>	
<input type="checkbox"/> Doctorate <input type="checkbox"/> Post Graduate <input type="checkbox"/> First Degree <input type="checkbox"/> Diploma of Higher Education <input type="checkbox"/> HND/HNC	<input type="checkbox"/> 'A' Level/Scottish Higher or equivalent (NVQ/SVQ Level 3) <input type="checkbox"/> 'O'level/GCSE or equivalent (NVQ/SVQ Level 2) <input type="checkbox"/> Other qualification not mentioned above Provide details _____
<b>Teaching Staff Only – Current Academic Discipline</b>	
<b>Academic Teaching Qualification</b> Please indicate if you hold any of the teaching qualifications listed below:	
<input type="checkbox"/> Completed an Institutional provision in teaching in the HE Sector (accredited against the UK Professional Standards Framework) <input type="checkbox"/> Holder of a PGCE in higher, secondary or further education, lifelong learning or any other equivalent UK Qualification <input type="checkbox"/> Recognised by the HEA as an Associate Fellow <input type="checkbox"/> Recognised by the HEA as a Fellow <input type="checkbox"/> Recognised by the HEA as a Senior Fellow	<input type="checkbox"/> Recognised by the HEA as a Principal Fellow <input type="checkbox"/> UK accreditation or qualification in teaching in the HE Sector <input type="checkbox"/> Accredited as a teacher of your subject by a professional UK body <input type="checkbox"/> Overseas accreditation or qualification for any level of teaching <input type="checkbox"/> Holder of a National Teaching Fellowship Scheme Individual Award <input type="checkbox"/> Not known <input type="checkbox"/> No qualification held
<b>Most Recent Previous Employment</b>	
<input type="checkbox"/> Another Higher Education - UK <input type="checkbox"/> NHS/General Medical or General Dental Practice - UK <input type="checkbox"/> Higher Education - Overseas <input type="checkbox"/> Health Services Overseas <input type="checkbox"/> Other Education Institution - UK <input type="checkbox"/> Other Public Sector - UK <input type="checkbox"/> Other Education Institution Overseas	<input type="checkbox"/> Private Industry / Commerce - UK <input type="checkbox"/> Research Institution - UK <input type="checkbox"/> Self-employed - UK <input type="checkbox"/> Research Institution Overseas <input type="checkbox"/> Other Employment - UK <input type="checkbox"/> Student - UK <input type="checkbox"/> Student Overseas <input type="checkbox"/> Other Employment Overseas <input type="checkbox"/> Not in Regular Employment
<b>Other Higher Education Employment</b>	
<i>If you are also employed, or have previously been employed, by another Higher Education Institution please enter the name of the HEI and the position held there.</i>	Name of HEI:  Position Held:  HESA No (if known):

<p><b>Do you have a disability?</b>  <i>The definition of disability is 'a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.'</i></p>	<p><input type="checkbox"/> Yes, I consider myself disabled</p> <p><input type="checkbox"/> No, I do not consider myself disabled</p> <p><input type="checkbox"/> I decline to answer the question</p>
<p><b>If you do consider yourself to have a disability, please tick any of the boxes that you feel apply to you:</b></p>	
<p><input type="checkbox"/> Specific learning disability (e.g. dyslexia or dyspraxia)</p> <p><input type="checkbox"/> General learning disability (e.g. Down's syndrome)</p> <p><input type="checkbox"/> Cognitive impairment (e.g. Asperger Syndrome/Autistic Spectrum)</p>	<p><input type="checkbox"/> Long-standing illness or health condition (e.g. cancer, HIV, diabetes, epilepsy)</p> <p><input type="checkbox"/> Mental health condition (e.g. depression, anxiety)</p> <p><input type="checkbox"/> Physical impairment or mobility issues</p> <p><input type="checkbox"/> Deaf or serious hearing loss</p> <p><input type="checkbox"/> Blind or serious visual impairment</p> <p><input type="checkbox"/> Other type of disability:</p>
<p><b>What is your gender?</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> I decline to answer the question</p>	<p><b>Is your Gender Identity the same as the gender you were originally assigned at birth?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I decline to answer the question</p>
<p><b>What is your ethnic origin?</b>  <i>Tick the ONE most appropriate box to indicate your ethnic origin</i></p>	
<p><input type="checkbox"/> White – Scottish</p> <p><input type="checkbox"/> Other White Background</p> <p><input type="checkbox"/> Irish Traveller</p> <p><input type="checkbox"/> Asian or Asian British – Indian</p> <p><input type="checkbox"/> Asian or Asian British – Pakistani</p> <p><input type="checkbox"/> Asian or Asian British – Bangladeshi</p> <p><input type="checkbox"/> Other Asian Background</p> <p><input type="checkbox"/> Chinese</p>	<p><input type="checkbox"/> Black or Black British – Caribbean</p> <p><input type="checkbox"/> Black or Black British – African</p> <p><input type="checkbox"/> Other Black Background</p> <p><input type="checkbox"/> Mixed – White and Black Caribbean</p> <p><input type="checkbox"/> Mixed – White and Black African</p> <p><input type="checkbox"/> Mixed – White and Asian</p> <p><input type="checkbox"/> Other Mixed Background</p> <p><input type="checkbox"/> Other Ethnic Background</p> <p><input type="checkbox"/> I decline to answer the question</p>
<p><b>How would you describe your sexual orientation?</b></p>	
<p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay man</p> <p><input type="checkbox"/> Gay woman/ lesbian</p>	<p><input type="checkbox"/> Heterosexual/straight</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> I decline to answer the question</p>
<p><b>Please select the category that best reflects your religion or belief system:</b></p>	
<p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian – Church of Scotland</p> <p><input type="checkbox"/> Christian – Roman Catholic</p> <p><input type="checkbox"/> Christian – other denomination</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p>	<p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Spiritual</p> <p><input type="checkbox"/> I decline to answer the question</p> <p><input type="checkbox"/> Other:</p>

**SECTION 4 – EQUAL OPPORTUNITIES MONITORING**

**Do you consider yourself to be a carer?**

*(A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without your help.*

*This could be due to age, physical or mental illness or disability).*

Yes

I decline to answer the question

No

**What is your marital/ civil partnership status?**

Single

Separated

Cohabiting

Divorced/ Dissolved Civil Partnership

Married/ Civil Partnered

Widowed

I decline to answer the question

Signed:

Date:

**Thank you for completing this form. Please return this to the HR Department at [humanresources@rcs.ac.uk](mailto:humanresources@rcs.ac.uk) or The HR Department, Royal Conservatoire of Scotland, 100 Renfrew Street, Glasgow, G3 2DB.**