**Equal Opportunity Monitoring Form**

The council is committed to Equality in Employment and aims to employ a workforce which reflects the diverse community we serve. The policy of the council is to appoint the best candidates for any position irrespective of gender, sexual orientation, age, martial status, disability, race, colour, ethnic or national origin, religion or belief.

**The information that you provide is completely confidential and will be separated from your application prior to the short-listing stage of the recruitment process. You must complete this section for your application to the considered.**

**Personal details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position reference number:   |  | | --- | |  | | Date of birth:   |  | | --- | |  | | |
| Last name:   |  | | --- | |  | | Sex:   |  | | --- | |  |   **Male** | |  | | --- | |  |   **Female** |
| Forenames:   |  | | --- | |  | |

Please mark each applicable box with an **‘x’** or write in the space if appropriate.

**Ethnic groups**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic Group** | ***Workforce Census Code*** |  | ***Please 🗸*** |
| White | WB | White – British |  |
| WGI | White – Gypsy and Irish Traveller |  |
| WE | White – English |  |
| WS | White – Scottish |  |
| WW | White - Welsh |  |
| Mixed | MWA | Mixed – White and Asian |  |
| MWBA | Mixed – White and Black African |  |
| MWBC | Mixed – White and Black Caribbean |  |
| Asian or Asian British | AABO | Asian or Asian British – Any Other |  |
| AABB | Asian or Asian British – Bangladesh |  |
| AABI | Asian or Asian British – Indian |  |
| AABP | Asian or Asian British – Pakistani |  |
| AABC | Asian or Asian British - Chinese |  |
| Black or Black British | BBBA | Black or Black British – African |  |
| BBBAO | Black or Black British – Any Other |  |
| BBBC | Black or Black British - Caribbean |  |
| Other ethnic group | AR | Arab |  |
| OEB | Other Ethnic Background |  |
|  | OMB | Other Mixed Background |  |
|  | OW | Other White Background |  |
| Prefer not to say | PNS |  |  |

To which of these groups do you consider you belong?

**Disability**

The Social Model of Disability states ‘the problems experienced by many disabled people are not because of their impairments or medical conditions, but are due to attitudinal and environmental barriers.’

Do you consider yourself to be disabled as defined by the above ‘social model’?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | |  |   Yes | |  | | --- | |  |   No | |  | | --- | |  |   Prefer Not to Say |

Under the Equality Act 2010, a person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as defined by the Equality Act 2010?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | |  |   Yes | |  | | --- | |  |   No | |  | | --- | |  |   Prefer Not to Say |

**Sexual Orientation**

# To which of these groups do you consider you belong?

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  |   Bisexual | |  | | --- | |  |   Heterosexual/Straight |
| |  | | --- | |  |   Gay man | |  | | --- | |  |   Other |
| |  | | --- | |  |   Gay woman/Lesbian | |  | | --- | |  |   Prefer not to say |

**Religion or Belief**

To which of these groups do you consider you belong?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | |  |   Bahai | |  | | --- | |  |   Islam | |  | | --- | |  |   Zoroastrianism |
| |  | | --- | |  |   Buddhism | |  | | --- | |  |   Janinism | |  | | --- | |  |   No religion or belief |
| |  | | --- | |  |   Christianity | |  | | --- | |  |   Judaism | |  | | --- | |  |   Other religion or belief |
| |  | | --- | |  |   Hinduism | |  | | --- | |  |   Secularism | |  | | --- | |  |   Prefer not to say |
| |  | | --- | |  |   Humanism | |  | | --- | |  |   Sikhism |  |

**Data Protection Act**

The council will process all data in compliance with the provisions of the Data Protection Act 1998. Please sign below to give your explicit consent that the information which you give on this form may be processed in accordance with the council’s registration under the Data Protection Act 1998.

|  |  |  |
| --- | --- | --- |
| Please mark the box with an **‘x’** to confirm you have read and understood the above and  given your consent. | |  | | --- | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Please write or type in your full name)   |  | | --- | |  | | Date   |  | | --- | |  | |