

Equalities Monitoring

The Council is committed to equal opportunities in employment and operates an equal opportunities policy to ensure that all appointments are made on merit. To help the Council monitor the effectiveness of this policy and to identify applicants who qualify for a guaranteed interview under the Council's Disability Symbol commitment, please complete and return this form with your completed application. This information will be separated from your application form as soon as it is received and will be used only for statistical monitoring and not as part of the interview selection process.



Forename(s): **Surname:**

Post Applied For:

Gender (please tick one box)

Male ☐ Female ☐

Marital Status (please tick one box)

Single ☐ Married ☐ Separated ☐
Divorced ☐ Widowed ☐ Civil Partnership ☐

Age (please tick one box)

18-24 ☐ 25-34 ☐ 35-44 ☐
45-54 ☐ 55-64 ☐ 65-65+ ☐

Do you consider yourself to have a disability?

(The Equality Act 2010 defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities and protects disabled people from unlawful discrimination. If you tell us that you have a disability we will make reasonable adjustments to your working environment and to your work arrangements and practices, if it is practicable to do so.)

Please tick one box Yes ☐ No ☐

Which of the following does your disability affect? (Please tick the appropriate box/boxes – this list is not exhaustive and is meant to be used as a guide only.)

Your hearing or vision ☐
(if you wear glasses or contact lenses this is not usually considered to be a disability)

Your co-ordination, dexterity or mobility ☐
(eg polio, spinal cord injury, back problems, repetitive strain injury)

Your mental health ☐
(eg schizophrenia, depression, severe phobias)

Your speech ☐
(eg stammering)

Your learning ability ☐
(eg dyslexia)

Other physical or mental conditions ☐
(eg diabetes, epilepsy, arthritis, cardiovascular conditions, asthma, cancer)

What do you consider to be the level of disability? (Please tick appropriate box)

Minor ☐ Moderate ☐ Severe ☐

Please describe your access needs:

.....
.....

Ethnic Origin (please tick one box)

Choose one section from (a) to (f) then tick the appropriate box to indicate your cultural background.

(a) White

- ☐ English
☐ Welsh
☐ Scottish
☐ Northern Irish
☐ British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Any other White background

Please write below

(b) Mixed

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other mixed background

Please write below

(c) Asian or Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

Please write below

(d) Black or Black British

- ☐ Caribbean
☐ African
☐ Any other Black background

Please write below

(e) Chinese

- ☐ Chinese
☐ Any other

Please write below

(f) Other Ethnic Group

- ☐ Arab
☐ Any other

Please write below

Religion/Belief (please tick one box)

- | | | | |
|------------------|--------------------------|-----------|--------------------------|
| Buddhist | <input type="checkbox"/> | Christian | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| None | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Decline to state | <input type="checkbox"/> | | |

Sexual Orientation (please tick one box)

- | | | | |
|------------------|--------------------------|---------|--------------------------|
| Bisexual | <input type="checkbox"/> | Gay | <input type="checkbox"/> |
| Heterosexual | <input type="checkbox"/> | Lesbian | <input type="checkbox"/> |
| Decline to state | <input type="checkbox"/> | | |

Signature: _____ **Date:** _____

Please return this form with your application.

30 July 2012