**Equalities monitoring form**

**LITTLEMORE PARISH COUNCIL**

**EQUALITIES MONITORING INFORMATION**

**Application Form Stage**

|  |  |
| --- | --- |
| **Post Applied For:** | **CLERK /RFO** |

The Council aims to be an equal opportunity employer and we want to treat everyone equally.

The information requested below will enable us to determine whether or not we are achieving this aim. All information will be regarded as strictly confidential, will be kept separately and will in no way affect the outcome of your application for employment.

By completing and returning this form you are consenting to the sensitive personal data contained within to be used purely for statistical purposes and to be produced as evidence in any legal proceedings for discrimination against the Council.

Please tick the box you consider best describes your situation in each category.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**1. Gender**

Are you?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Male | |  | Female | | |  | I prefer not to tell you |  |  |
| Transgender | | |  |

**What is your age?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16-29 |  | 30-44 |  | 45-59 |  | 60-74 |  | 75+ |  |
| I prefer not to tell you | | | | | | | | |  |

**2. Ethnicity**

What is your ethnic group?

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Bangladeshi |  |
| White Irish |  | Pakistani |  |
| Any Other White Background |  | Indian |  |
| White and Black Caribbean |  | Tamil |  |
| White and Black African |  | Korean |  |
| White and Asian |  | Any Other Asian Background |  |
| Any Other Mixed Background |  | Caribbean |  |
| Chinese |  | African |  |
| Any other ethnic background |  | Any Other Black Background |  |
| I prefer not to tell you | | |  |

**3. Disability and Health**

Do you have a long-term physical, mental health and health condition or disability?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | I prefer not to tell you \* |  |  |

What is the nature of your disability, mental health or other health issue?

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Physical/Mobility |  | Sensory | |  | | Mental health |  | Learning | | |  |  |
|  | | | | | | | | | | | | |
| Other | | |  | | I prefer not to tell you \* | | | |  |  | | | |

**\* = It is important that we know of any special needs you may require should you be selected for interview and if subsequently appointed how this may impact on the job role and what, if any, adjustments will need to be explored with you.**

**4. What is Your Religion or Belief**?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Christian |  | Buddhist | |  | | Hindu |  | Sikh | |  |  |
|  | | | | | | | | | | | |
| Jewish |  | Muslim | |  | | Athiest |  | Agnostic | |  |  |
|  | | | | | | | | | | | |
| Other | | |  | | I prefer not to tell you | | |  |  | | | |

**5. What is Your Sexual Orientation**?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual | |  | Lesbian | |  | | Bisexual |  | Gay | |  | |  | |
|  | | | | | | | | | | | | | |
| Other |  |  | |  | | I prefer not to tell you | | | |  | |  | | | |

Thank you for taking time to complete this form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_