

EQUALITY AND DIVERSITY MONITORING

All personal information supplied on this form will be treated as **STRICTLY CONFIDENTIAL**



Allerdale Borough Council collects information from all job applicants on key characteristics which can be related to equal opportunities in employment. The information collected will form a confidential statistical record/database which will be used for monitoring the Council's performance in respect of equal opportunities.

Allerdale Borough Council wants to meet the aims and commitments by not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

Post applying for	
Surname	
Forename	

Gender

Man		Non-binary	
Woman		Prefer not to say	
Intersex		If you prefer to use your own term, please specify here	

Which of these categories, best describes your relationships status?

Married		Married and Separated	
Single		Widowed	
Divorced		In Civil Partnership	
Living with partner		Prefer not to say	
Other relationship			

Please describe what you mean by selecting Other relationship	
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What age range are you in

16 - 24		25 -29 years		30 - 34 years	
35 - 39 years		40 - 44years		45 - 49 years	
50 - 54 years		55 -59		60 – 64 years	
65 +		Prefer not to say			

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

- English Welsh Irish Gypsy or Irish Traveller
 British Scottish Northern Irish Prefer not to say

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Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say

Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Which of these statements best describes your sexual orientation?

Heterosexual (people of the opposite sex)	<input type="checkbox"/>	Bisexual (people of either sex)	<input type="checkbox"/>
Gay (both male)	<input type="checkbox"/>	Lesbian (both female)	<input type="checkbox"/>
	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
If you prefer you own term, please specify here	<input type="checkbox"/>		<input type="checkbox"/>

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Prefer not to say Muslim Sikh Prefer not to say

If other religion or belief, please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
Annualised hours Job-share Flexible shifts Compressed hours
Homeworking Prefer not to say

If other, please write in:

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Do you have caring responsibilities? If yes, please tick all that apply

- None Primary carer of a child/children (under 18)
Primary carer of disabled child/children
Primary carer of disabled adult (18 and over) Primary carer of older person
Secondary carer (another person carries out the main caring role)
Prefer not to say

Do you have any dependant children?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Disability, impairment and equality

Do you consider yourself to have a disability or health conditions

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

I confirm that all personal details provided on this form and any accompanying documentation are correct, and understand that any false statement could result in the appointment being declared invalid. If you are submitting this form electronically, please enter your name or your electronic signature below. In doing so, you confirm that the above statement is correct, as if the document had been signed and dated by hand.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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