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.

<table>
<thead>
<tr>
<th>Post applying for</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Forename</td>
<td></td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th>Man</th>
<th>Non-binary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman</td>
<td>Prefer not to say</td>
</tr>
<tr>
<td>Intersex</td>
<td>If you prefer to use your own term, please specify here</td>
</tr>
</tbody>
</table>

**Which of these categories, best describes your relationships status?**

<table>
<thead>
<tr>
<th>Married</th>
<th>Married and Separated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Widowed</td>
</tr>
<tr>
<td>Divorced</td>
<td>In Civil Partnership</td>
</tr>
<tr>
<td>Living with partner</td>
<td>Prefer not to say</td>
</tr>
<tr>
<td>Other relationship</td>
<td></td>
</tr>
</tbody>
</table>

Please describe what you mean by selecting Other relationship

**What age range are you in**

<table>
<thead>
<tr>
<th>16 - 24</th>
<th>25 - 29 years</th>
<th>30 - 34 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 - 39 years</td>
<td>40 - 44 years</td>
<td>45 - 49 years</td>
</tr>
<tr>
<td>50 - 54 years</td>
<td>55 - 59 years</td>
<td>60 – 64 years</td>
</tr>
<tr>
<td>65 +</td>
<td>Prefer not to say</td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>English □</th>
<th>Welsh □</th>
<th>Irish □</th>
<th>Gypsy or Irish Traveller □</th>
</tr>
</thead>
<tbody>
<tr>
<td>British □</td>
<td>Scottish □</td>
<td>Northern Irish □</td>
<td>Prefer not to say □</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Which of these statements best describes your sexual orientation?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual (people of the opposite sex)</td>
<td>Bisexual (people of either sex)</td>
</tr>
<tr>
<td>Gay (both male)</td>
<td>Lesbian (both female)</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
</tr>
</tbody>
</table>

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
- Homworking
- Prefer not to say

If other, please write in:
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 older person □
Primary carer of disabled adult (18 and over) □
Secondary carer (another person carries out the main caring role) □
Prefer not to say □

Do you have any dependant children?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Prefer not to say</th>
</tr>
</thead>
</table>

Disability, impairment and equality

Do you consider yourself to have a disability or health conditions

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Prefer not to say</th>
</tr>
</thead>
</table>

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:  Date: