



The Council is committed to recruiting, retaining and developing a workforce that reflects the communities that we serve. The Equality Act 2010 places certain duties on us as an employer and the purpose of this monitoring questionnaire is to gather information that will enable us to assess the impact of our recruitment and employment policies and practices, and improve them where we can.

The information you supply will NOT form part of your application or be used at any stage of the selection process. All information you choose to provide will be treated with the strictest of confidence and handled in accordance with the principles of the Data Protection Act 1998.

Applicant data is stored on a secure HR database and retained for monitoring and statistical purposes only. Data relating to successful applicants is stored for the duration of employment with the Council and used for monitoring and statistical purposes only. Access to this information is restricted to staff involved in the processing and monitoring of the equality and diversity data. You may withdraw your consent to the holding of equal opportunity monitoring data at any time.

Under the Equality Act the protected characteristics are age, gender reassignment, sex, race, disability, pregnancy and maternity, marital or civil partnership status, sexual orientation and religion or belief.

THIS FORM IS NOT PART OF THE SELECTION PROCESS

PERSONAL INFORMATION

Forename(s) in full:		
Post applied for: Employee No/Applicant Ref. No:		
Job reference number: Department:		
Preferred Title: Mr / Mrs / Miss / Ms / (Other)		
Where did you see this position advertised?		
What is your date of birth? (Please state)		
What is your gender? Male Female		
At birth, were you described as: (please tick one option)		
Male		
Which of the following describes how you think of yourself? (please tick one option)		
Male Female In another way		
Are you currently pregnant or have you been pregnant in the last year?		
Yes No Prefer not to say		
Have you taken maternity leave in the last year		
Yes No		
Are you married or in a civil partnership? Yes No I prefer not to say		

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HOW WOULD YOU DESCRIBE YOUR HEALTH?		
Do you have any physical or mental health condition or illnesses lasting or expected to last 12 months or more?		
Yes No I prefer not to say		
Does your condition(s) or illness(es) reduce your ability to carry out day to day activities?		
Yes, a lot Yes, a little Not at all I prefer not to say		
INFORMATION ON NATIONAL IDENTITY IN WALES IS CATEGORISED BY ASKING THE FOLLOWING QUESTION; How would you describe your national identity?		
Welsh English Scottish Northern Irish British		
Other (Please describe)		
WHAT IS YOUR ETHNIC GROUP? Choose one selection from a. to f. then tick the appropriate box to indicate your cultural background.		
a. White d.Asian/Asian British		
British/English/Northern Irish/ Scottish/Welsh Indian		
Irish Pakistani		
Gypsy or Irish Traveller Bangladeshi		
Any other White background (please describe) Chinese		
Any other Asian background (please describe)		
b. Mixed/Multiple ethnic group		
White and Black Caribbean		
White and Black African e. Other ethnic group		
White and Asian Arab		
Any other Mixed/Multiple ethnic background Any other ethnic background (please describe)		
(please describe)		
c. Black/African/Caribbean/Black British f. I prefer not to say		
African		
Caribbean		
Any other Black/African/Caribbean background		
(please describe)		
WHAT IS YOUR SEXUAL ORIENTATION?		
Bisexual Gay man Gay woman/Lesbian Heterosexual/straight		
I prefer not to say Other		
WHAT IS YOUR RELIGION OR BELIEF?		
No religion Christian (all denominations) Buddhist Hindu Jewish Muslim		
I prefer not to say		
THANK YOU FOR COMPLETING THIS FORM		

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