**PADSTOW TOWN COUNCIL**

**EQUAL OPPORTUNITIES MONITORING FORM**

This form will not be seen by the Interviewer/Panel prior to interview and is not used in any decision-making.

You do not have to complete this form but doing so enables us to monitor the effectiveness of our Equal Opportunities Policy. We recognise the benefits of a diverse workforce. We are committed to treating all job applicants and employees with dignity and respect regardless of race, ethnic background, nationality, colour, gender, trans-gender status, pregnancy, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Position: Council Outside Operative (Temporary, 12-month contract)

1. How would you describe yourself? (Please tick one box)

A [ ]  Asian or Asian British

 [ ]  Bangladeshi

 [ ]  Indian

 [ ]  Pakistani

 [ ]  Any other Asian background, please state Click or tap here to enter text.

B [ ]  Black or Black British

 [ ]  African

 [ ]  Caribbean

 [ ]  Any other Black background, please state Click or tap here to enter text.

C [ ]  Chinese or other ethnic group

 [ ]  Chinese

 [ ]  Any other, please state Click or tap here to enter text.

D [ ]  Mixed Heritage

 [ ]  White and Asian

 [ ]  White and Black African

 [ ]  White and Black Caribbean

 [ ]  Any other Mixed background, please state Click or tap here to enter text.

E [ ]  White

 [ ]  British

 [ ]  English

 [ ]  Irish

 [ ] Scottish

 [ ]  Welsh

 [ ]  Any other White background, please write in box Click or tap here to enter text.

F [ ] Prefer not to say

## 2. What is your gender?

Male [ ]  Female [ ]  Prefer not to say [ ]

3. Is your present gender the same as at your birth?

Yes [ ]  No [ ]  Prefer not to say [ ]

## 4. What is your age group?

|  |  |  |  |
| --- | --- | --- | --- |
| 16-17 |[ ]  18-21 |[ ]  21-29 |[ ]  30-39 |[ ]
| 40-49 |[ ]  50-59 |[ ]  60 or over |[ ]  Prefer not to say |[ ]

## What is your sexual orientation?

|  |  |  |
| --- | --- | --- |
| Heterosexual/straight |[ ]  Bisexual |[ ]  Lesbian/gay woman |[ ]
| Homosexual/gay man |[ ]  Other |[ ]  Prefer not to say |[ ]

1. What is your religious or belief system?

|  |  |  |
| --- | --- | --- |
| Buddhist |[ ]  Christian |[ ]  Hindu |[ ]
| Jewish |[ ]  Muslim |[ ]  Sikh |[ ]
| No Religion |[ ]  Other |[ ]  Prefer not to say |[ ]

## Do you consider yourself to have a disability or long-term health condition?

Yes [ ]  No [ ]  Prefer not to say [ ]