**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