# 

# Confidential

## Equal Opportunities-Recruitment Monitoring

**This form will be kept separate from your application form. It is not referred to during the selection process.**

The Community Council of Devon values diversity and is committed to promoting equality of opportunity for our employees and job applicants.

We monitor our recruitment and selection practices to fulfil our statutory duty relevant to equality in employment and to ensure our practices are fair, equitable and consistent with the aim of appointing the best person for the job. Recruitment monitoring enables us to take active steps to promote better policy and organisational practice.

The information you supply on this questionnaire will be recorded confidentially on our HR Systems and held for a maximum of 12 months. During this time it will be used solely for the purposes of monitoring the profile of our job applicants. Access to the data will be restricted to nominated staff with HR responsibilities.

If you are appointed, the data will also be used for our HR/Payroll records purposes and workforce monitoring. We aim to ensure all applicants and employees, regardless of circumstances or status, receive equal access to opportunity and fair treatment.

For these reasons it is important that you complete the recruitment monitoring questionnaire in addition to the application form. Once completed, the questionnaire should be returned with your application to the Recruitment Administrator, the address of which is detailed in the Recruitment Information Pack.

Thank you for your co-operation.

EQUAL OPPORTUNITIES – RECRUITMENT MONITORING

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Post Applied for:** | | | | | | | | | | | | | | |
| **Name (optional):** | | | | | | | | **What is your date of birth?** | | | | | | |
| **Are you?** Please tick **one** of the appropriate boxes against each the questions below | | | | | | | | | | | | | | |
| **Gender** | | Female | | | Male | | | Prefer not to say | | | | | | |
| **Sexual Orientation** | | Bisexual | | | Gay /Lesbian | | | Heterosexual | | | | | Prefer not to say | |
| **Transgender** | | Yes | | | No | | | Prefer not to say | | | | | | |
| **How would you describe your ethnic origin?** | | | | | | | | | | | | | | |
| **a) White** | | | English/Welsh/Scottish/N Irish/British | | | | | | | | | Gypsy or Irish Traveller | | |
|  | | | Irish | | | | | | Any other White Background | | | | | |
| **b) Mixed/Multiple Ethnic** | | | White and Black Caribbean | | | | | | White and Black African | | | | | |
|  | | | White and Asian | | | | | | Any other mixed background | | | | | |
| **c) Asian or Asian British** | | | Indian | | | | Pakistani | | Bangladeshi | | | | | |
|  | | | Chinese | | | | | | Any other Asian background | | | | | |
| **d) Black/African/Caribbean  Black British** | | | Caribbean | | | | African | | Any other black background | | | | | |
| **e) Other ethnic group** | | | Arab | | | | Any other group | | Prefer not to say | | | | | |
| **Do you consider yourself to have a disability or impairment?** Yes  No  Prefer not to say  Under the Equalities Act 2010, a person with a disability is defined as having a physical or mental impairment which has a substantial, long term effect on their ability to carry out normal day to day activities. | | | | | | | | | | | | | | |
| If yes, please indicate the nature of your disability. | | | | | | | | | | | | | | |
| Physical Impairment | | | | Mental Impairment | | | | | | Mobility Impairment | | | | |
| Visual Impairment | | | | Hearing Impairment | | | | | | Learning Disability | | | | |
| More than one Impairment | | | | Other | | | | | | Prefer not to say | | | | |
| **Which Religious Group do you belong to?** | | | | | | | | | | | | | | |
| Buddhist | Christian | | | | | Hindu | | | | | Jewish | | | Muslim |
| Sikh | No Religion | | | | | Any other religion | | | | | Prefer not to say | | | |