

PLEASE COMPLETE IN BLACK INK

Equal Opportunities Monitoring

The following information will not be seen by those shortlisting or interviewing applicants.

Equal Opportunities Monitoring

City of York Council is committed to equality and aims to ensure that everyone who works or applies to work for us is treated fairly and is not subjected to unlawful discrimination on grounds of their sex, age, race, ethnic or national origins, marriage or civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, family responsibility, disability or political beliefs. Applications are welcome from all sections of the community.

The information you provide will be treated as confidential and used only for monitoring purposes only. It is not used as part of the selection process and the recruitment panel do not have access to the sensitive information.

Thank you for helping us to continue to improve our policies and practices.

Post applied for

Ref number

Gender: Male Female Prefer not to say

Do you identify yourself as trans? Yes No Prefer not to say

Date of Birth:

Age:

Nationality:

Ethnic Origin:

Please tick the appropriate box to indicate your ethnic background:

Prefer to not say

White:

- British
- Irish
- Other White background

Mixed Race:

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed background

Other Ethnic Groups:

- Other background
- Chinese or other ethnic group Chinese

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Other Mixed background

Black or Black British:

- Caribbean
- African
- Other Mixed background

Disability Information:

The Disability Discrimination Act 2010 states that someone is disabled if they have a 'physical or mental impairment, which has a sustainable and long term adverse effect on their ability to carry out normal day to day activities'. Please see 'How to apply' guidance for further information.

Do you consider yourself to be disabled?

Yes No Prefer to not say

If you tick "Yes" , please tick as many boxes below as apply:

Physical impairment (such as using a wheelchair to get around and / or difficulty using arms, legs etc)

Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

Mental health condition (such as depression or bipolar)

Learning disability (such as Downs syndrome or dyslexia or cognitive impairments such as autism or one resulting from head-injury)

Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Other

If yes please give details

Sexual orientation:

Heterosexual / Straight

Homosexual/ Gay man

Not specified

Lesbian / Gay woman

Bisexual

Prefer not to say

Marital Status:

- | | |
|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Civil Partnership | <input type="checkbox"/> Single |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Prefer not to say |

Religion:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Jain | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> No Religion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to say | |

Carer responsibilities:

City of York Council values and embraces all people, regardless of any caring responsibilities that they may have, and strives to ensure that all people are treated with dignity and respect. A carer is defined as someone who looks after family, partner or friends in need of help because they are ill, frail or have a disability and that the help they provide is unpaid (except for Carers Allowance).

Are you a carer for family/friends? Yes No Prefer not to say

If yes please tick the appropriate box: Carer for:

- | | |
|---|---|
| <input type="checkbox"/> Elderly relative | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Young relative (under 18yrs) |

Armed Forces Community

To enable us to monitor applications from the Armed Forces community please indicate if you are part of this.

Are you a member of the armed forces community?

Yes No Prefer not to say

If yes please tick the appropriate box:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Reservist | <input type="checkbox"/> Regular personnel |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Family of regular personnel or reservists |
| <input type="checkbox"/> Bereaved | |