

FARINGDON TOWN COUNCIL

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Clerk: Sally Thurston



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.

Please state which job you have applied for

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

- A Asian or Asian British
 - Bangladeshi
 - Indian
 - Pakistani
 - Any other Asian background, please state
- B Black or Black British
 - African
 - Caribbean
 - Any other Black background, please state
- C Chinese or other ethnic group
 - Chinese
 - Any other, please state
- D Mixed Heritage
 - White and Asian
 - White and Black African
 - White and Black Caribbean
 - Any other Mixed background, please state
- E White
 - British
 - English

- Irish
- Scottish
- Welsh
- Any other White background, please write in box

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	<input type="checkbox"/>	18-21	<input type="checkbox"/>	21-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>
40-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>	60 or over	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

5. What is your sexual orientation?

Heterosexual/straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Lesbian/gay woman	<input type="checkbox"/>
Homosexual/gay man	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

6. What is your religious or belief system?

Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<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	<input type="checkbox"/>

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

Yes No Prefer not to say