

BRAUNSTONE TOWN COUNCIL – EQUAL OPPORTUNITIES MONITORING FORM

The information which you provide on this form will not be used by those involved in the selection procedure, it is for the statistical purposes only and will be separated from the main application form upon receipt and before consideration of candidates takes place.

Full Name			
Post Applied For			
Date		Where did you see the vacancy advertised?	

Gender
 Male Gender Re-assignment
 Female Prefer not to state

How would you describe your Sexual Orientation?
 Bi-Sexual Gay (Male) Other
 Heterosexual / Straight Gay (Female) Prefer not to state

Do you consider yourself to have a disability or a long term health condition?
 YES NO

What is the effect or impact of your disability or health condition?

Prefer not to state

How would you describe your ethnic origin?

<u>White</u> British <input type="checkbox"/> Irish <input type="checkbox"/> European <input type="checkbox"/> Any other White background <input type="checkbox"/>	<u>Asian or Asian British</u> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="checkbox"/>	<u>Chinese or Other Ethnic Group</u> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>
<u>Mixed</u> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/>	<u>Black or Black British</u> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/>	Prefer not to state <input type="checkbox"/>

How would you describe your Religion or Beliefs?

Buddhist <input type="checkbox"/>	Muslim <input type="checkbox"/>	Other <input type="checkbox"/>
Christian (All Denominations) <input type="checkbox"/>	Sikh <input type="checkbox"/>	Prefer not to state <input type="checkbox"/>
Hindu <input type="checkbox"/>	No Religion <input type="checkbox"/>	
Jewish <input type="checkbox"/>	Atheist <input type="checkbox"/>	

What is your Date of Birth or Age Band?

Date of Birth ___/___/___	31 – 40 <input type="checkbox"/>	65 + <input type="checkbox"/>
16 – 21 <input type="checkbox"/>	41 – 50 <input type="checkbox"/>	Prefer not to state <input type="checkbox"/>
22 – 30 <input type="checkbox"/>	51 – 60 <input type="checkbox"/>	