**Monitoring Form**

Bury St Edmunds Town Council is committed to Equal Opportunities in employment. Designing and implementing procedures to ensure that potential and present employees are given fair and equitable treatment regardless of gender, ethnic origin, marital status, disability, sexual orientation, faith or age is part of that commitment. To help us monitor the effectiveness of these procedures it is important that you provide the information requested on this survey form.

If you have reason to believe that you have not been fairly treated, and possibly discriminated against (either directly or indirectly) during our recruitment process you should inform the Director (HR, Governance and Regulatory Services). A full investigation will be carried out and you will be advised of the result.

**All information given in this form is strictly confidential and will not be considered in any way during the recruitment process.**

|  |  |
| --- | --- |
| Job you are applying for |  |

**Personal details**

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Date of birth |  |
| Gender |  |
| Nationality |  |

**Marital status**

Please tick appropriate box

|  |  |
| --- | --- |
| Married |  |
| Single |  |
| Other i.e. widow(er), divorced, separated |  |

**Health concern/Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a health concern or disability relevant to your employment? | Yes |  | No |  |

Under the Equality Act 2010 you are considered disabled if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you meet this definition of disability? | Yes |  | No |  |
| If yes, please state nature of disability |  |
| Would you require any specialised aids/support to enable you to attend a fair interview? | Yes |  | No |  |
| If yes, please provide details |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Would you require any specialised aids/support to assist you in carrying out your duties? | Yes |  | No |  |
| If yes, please provide details |  |

**Ethnic origin**

Please tick appropriate box

|  |  |
| --- | --- |
| Asian or Asian British - Bangladeshi |  |
| Asian or Asian British - Chinese |  |
| Asian or Asian British - Pakistani  |  |
| Asian or Asian British – any other Asian background |  |
| Asian or Asian British – prefer not to say |  |
| Black, African, Caribbean or Black British – African  |  |
| Black, African, Caribbean or Black British – Caribbean |  |
| Black, African, Caribbean or Black British – any other background |  |
| Black, African, Caribbean or Black British – prefer not to say |  |
| Mixed or multiple ethnic groups – White and Asian |  |
| Mixed or multiple ethnic groups – White and Black African |  |
| Mixed or multiple ethnic groups –White and Black Caribbean |  |
| Mixed or multiple ethnic groups – any other background |  |
| Mixed or multiple ethnic groups – prefer not to say  |  |
| Other ethnic group - Arab  |  |
| Other ethnic group – prefer not to say |  |
| Prefer not to say |  |
| White – British  |  |
| White – Gypsy or Irish Traveller |  |
| White – White English  |  |
| White – White Irish  |  |
| White- White Northern Irish  |  |
| White – White Scottish  |  |
| White – White Welsh  |  |
| White – any other white background |  |
| White – prefer not to say  |  |
| Any other ethnic group - …………………………………… |  |

**Thank you for taking the time to help in our monitoring process.**

**Please return the completed application and monitoring form either by email to** **jodie.budd@burystedmunds-tc.gov.uk** **or by post to 79 Whiting Street, Bury St Edmunds, Suffolk. IP33 1NX. Please mark all correspondence as PRIVATE AND CONFIDENTIAL.**