Arlesey Town Council
Equality and Diversity Monitoring Form

Arlesey Town Council is committed to providing a fair recruitment process and equal employment opportunities for all. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of our workforce in encouraging equality and diversity.

The Town Council hereby seeks your help in achieving its Equal Opportunity aims, by requesting your voluntary completion of this form. There is no obligation on you to do so.

The information you provide will remain confidential, be stored securely and will only be referred to by authorised personnel.

Please return the completed form in an envelope marked 'Strictly confidential' to **The Town Clerk, Arlesey Town Council, Community Centre, High Street, Arlesey, Beds SG15 6SN.**

Gender Male ☐ Female ☐ Prefer not to say ☐

Are you married or in a civil partnership? Yes ☐ No ☐ Prefer not to say ☐

Age 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐
50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

What is your ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐
British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐
Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐
Prefer not to say ☐ Any other mixed background, please write in:

Asian/Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African ☐ Caribbean ☐ Prefer not to say ☐
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes ☐ No ☐ Prefer not to say ☐

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual ☐ Gay woman/lesbian ☐ Gay man ☐ Bisexual ☐

Prefer not to say ☐ If other, please write in:

What is your religion or belief?

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐

Muslim ☐ Sikh ☐ Prefer not to say ☐ If other religion or belief, please write in:

What is your current working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

What is your flexible working arrangement?

None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐

Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐

Homeworking ☐ Prefer not to say ☐ If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None ☐ Primary carer of a child/children (under 18) ☐

Primary carer of disabled child/children ☐

Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐

Secondary carer (another person carries out the main caring role) ☐

Prefer not to say ☐

Thank you for completing this form.