A group of people in a line

Description automatically generated **Confidential**

**Equal Opportunities-Recruitment Monitoring**

**This form will be kept separate from your application form. It is not referred to during the selection process.**

The Community Council of Devon values diversity and is committed to promoting equality of opportunity for our employees and job applicants.

We monitor our recruitment and selection practices to fulfil our statutory duty relevant to equality in employment and to ensure our practices are fair, equitable and consistent with the aim of appointing the best person for the job.  Recruitment monitoring enables us to take active steps to promote better policy and organisational practice.

The information you supply on this questionnaire will be recorded confidentially on our HR Systems and held for a maximum of 12 months. During this time it will be used solely for the purposes of monitoring the profile of our job applicants. Access to the data will be restricted to nominated staff with HR responsibilities.

If you are appointed, the data will also be used for our HR/Payroll records purposes and workforce monitoring. We aim to ensure all applicants and employees, regardless of circumstances or status, receive equal access to opportunity and fair treatment.

For these reasons it is important that you complete the recruitment monitoring questionnaire in addition to the application form. Once completed, the questionnaire should be returned with your application to the Recruitment Administrator, the address of which is detailed in the Recruitment Information Pack.

Thank you for your co-operation.

**EQUAL OPPORTUNITIES – RECRUITMENT MONITORING**

|  |  |  |  |
| --- | --- | --- | --- |
| Post Applied for: Click or tap here to enter text. | | Date: Click or tap here to enter text. | |
| Name (Optional) Click or tap here to enter text. | | | Date of Birth Click or tap here to enter text. |
| Gender | Female  Male  Gender Fluid  Prefer not to Say | | |
| Preferred Pro-Noun | She/her  He/Him  They/Them | | |
| Sexual Orientation | Bisexual  Gay/Lesbian  Heterosexual  Prefer not to say | | |
| Transgender | Yes  No  Prefer not to say | | |
| How would you describe your Ethnic Origin? | | | |
| White | British/English/ Northern Irish/ Scottish/Welsh  Gypsy or Irish Traveller  Irish  Roma  Any other white background | | |
| Mixed/Multiple Ethnic | White and Black Caribbean  White and Black African  White and Asian  Any other mixed background | | |
| Asian or Asian British | Bangladeshi  Chinese  Indian  Pakistani  Any other Asian background | | |
| Black/ Black British /Caribbean / African | African  Caribbean  Any other Black, Black British, or Caribbean background | | |
| Do you consider yourself to have a physical or mental health condition or illness lasting or expected to last 12 months or more? | Yes  No  Prefer not to say | | |
| Under the Equalities Act 2010, a person with a disability is defined as having a physical or mental condition which has a substantial, long-term effect on their ability to carry out normal day to day activities. If yes, please indicate the nature of your disability.  Click or tap here to enter text. | | | |
| Physical  Mental  Mobility  Visual  Hearing  Learning Disability  More than one Condition  Other  Prefer not to say | | | |
| **Do you belong to a faith group**  **If so which one?**Click or tap here to enter text.  Prefer not to say | | | |