



Equality and Diversity Monitoring Form

Whitehill Town Council wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form with your application to Lorraine Jeffs, Town Clerk & General Manager lorraine.jeffs@whitehilltowncouncil.gov.uk

Gender Man Woman Intersex Non-binary Prefer not to say

If you prefer to use your own term, please specify here [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in: [Click or tap here to enter text.](#)

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in: [Click or tap here to enter text.](#)

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in: [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

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 Lesbian Bisexual

Prefer not to say

If you prefer to use your own term, please specify here [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

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