



Equality and Diversity Monitoring Form

PLEASE SEND THIS FORM IN SEPARATELY TO YOUR APPLICATION FORM

Buckingham 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.

The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources process.

Gender Man Woman Non-binary Prefer not to say

If you prefer to use your own term, please specify here _____

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 here: _____

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 here: _____

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 here: _____



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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 you prefer to use your own term, please specify here: _____

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 here: _____

What is your current working pattern?

Full-time Part-time Prefer not to say

Do you currently have a 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 here: _____

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

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Please return the completed form in an envelope marked 'Strictly confidential' addressed to:

Deputy Town Clerk, Buckingham Town Council, Buckingham Centre, Verney Close, Buckingham, Bucks MK18 1JP