



## Equality and Diversity Monitoring 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.

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**Gender** Man  Woman  Non-binary  Prefer not to say

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

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

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

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### 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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## Equality and Diversity Monitoring Form

### 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

### 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 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

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

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