

Equal Opportunities Monitoring

Babergh District Council is committed to an employment policy of equal opportunities, irrespective of sex, sexual orientation, marital status, disability, race, religion/belief, age pregnancy or maternity or gender reassignment.

Please would you assist the monitoring of this policy by providing additional details about yourself as requested below.

This form will be separated from your application and the information you provide will only be used for monitoring purposes. The Council is committed to ensuring that its services and employment are provided fairly, and equality monitoring can help us to ensure that we are reaching and offering equality of opportunity to all individuals and groups, and can help us make changes based on facts and not assumptions.

JOB TITLE:		POST NO:	
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NAME:		TITLE:	
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DATE OF BIRTH:		SEX:	
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1. Disability:

The Equality Act 2010 defines disability as "a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities". Long term is defined as having lasted twelve months, being expected to last for at least twelve months, or expected to last for the rest of your life. It is still classed as a disability if it is a condition that has been treated but is likely to recur. If the condition is managed but would otherwise have a substantial and long-term effect, it is still a disability eg diabetes. Also any condition that is progressive and will lead to a substantial adverse effect also comes under the Act even if it is not yet apparent.

Here is a list of some medical definitions or impairments that could cause people to describe themselves as "having a disability". It is not meant to be an exhaustive list and is given for guidance only:

- Hearing, speech or visual impairments (if you wear glasses or contact lenses this is not normally considered a disability).
- Coordination, dexterity, or mobility (for example polio, spinal cord injury, severe back problems, severe repetitive strain injury).
- Mental health (for example schizophrenia, severe depression, severe phobias).
- Speech impairments (for example a stammer or a stutter).
- Learning difficulties (for example Down's syndrome or dyslexia).
- Other physical or medical conditions (for example diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, cancer, facial disfigurement, sickle cell, HIV infection, multiple sclerosis).

Do you consider yourself to have a disability? Yes No Prefer not to say

If yes please give a brief description of your disability:-

2. Religion or Belief

Religion or belief includes any religion and any religious or philosophical belief. It also includes a lack of any such religion or belief. Please identify which definition best describes you. Please choose one option:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Muslim | |

If Other, please state:

3. Ethnic Group

Please identify which ethnic group best describes you.

Please choose one option:

- | | |
|--|---|
| <input type="checkbox"/> White English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> African |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> White Gypsy or Irish Traveller | <input type="checkbox"/> Any other Black/African/Caribbean background |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Arab |
| <input type="checkbox"/> White/Black Caribbean | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> White/Black African | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> White & Asian | |
| <input type="checkbox"/> Any other mixed background | |
| <input type="checkbox"/> Indian | |
| <input type="checkbox"/> Pakistani | |
| <input type="checkbox"/> Bangladeshi | |
| <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> Any other Asian background | |

4. Marriage and Civil Partnership:

Please identify which of these applies to you. Please choose one option:

- | | |
|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated, but still legally married | <input type="checkbox"/> Never married and never registered a same-sex civil partnership |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> In a registered same-sex civil partnership |
| <input type="checkbox"/> Formerly in a same-sex partnership which is now legally dissolved | <input type="checkbox"/> Separated, but still legally in a same-sex civil partnership |
| <input type="checkbox"/> Surviving partner from a same-sex civil partnership | <input type="checkbox"/> Prefer not to say |

5. Caring Responsibilities

Do you look after, or give any help or support to family members, friends, neighbours or other because of either long-term physical or mental ill-health/disability; problems related to old age; or childcare responsibilities? Please choose one option:

- Yes No Prefer not to say

6. Sexual orientation

What is your sexual orientation: Please choose one option:

- | | |
|---|--|
| <input type="checkbox"/> Gay Man / Homosexual | <input type="checkbox"/> Gay Woman / Lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Prefer not to say |

7. Gender identity

Is your current sex the same as the one allocated to you at birth? Please choose one option:

- Yes No Prefer not to say

The information in this form will be used for monitoring purposes only to ensure that our services and employment are provided fairly. You will not be identified in any reports.

I agree for this information to be held and used for monitoring purposes as described above.

Signed

