

Recruitment Monitoring Form Strictly Confidential

Staffordshire County Council is committed to ensuring that job applicants are treated fairly and consistently and that no one is disadvantaged or discriminated against.

Information collected via recruitment monitoring helps the Council fulfil this commitment and assists greatly in the development and evaluation of employment policy.

Information you provide will be treated in strict confidence and will not be seen by anyone involved in the selection process.

Person/Role Details			
Full Name			
Job Title			
Location/Establishment			
Pay Reference for this post (If known)			
Equal Opportunities			
This information is for monitoring purpose and will not be used when short-listing of unsuccessful in obtaining employment. Th	es only or deci ne info	rest that you complete the following information. All information will be treated as confidential on whether an applicant is successformation you provide will help us to ensure us to identify and eliminate potential area.	ential ful or that
Please indicate your ethnic origin:			
Asian or Asian British – Bangladeshi		Asian or Asian British - Chinese	
Asian or Asian British – Indian		Asian or Asian British - Other	
Asian or Asian British – Pakistani		Black or Black British - African	
Black or Black British – Caribbean		Black or Black British - Other	
Mixed – Other		Mixed Ethnic Group – White & Asian	
Mixed Ethnic - White & Black African		Mixed Ethnic – White & Black Caribbean	
Other Ethnic Origin - Arab		Prefer not to say	
White – Welsh/English/Scottish/N.Ireland		White - Irish	
White – Other		White – Gypsy/Irish Traveller	
Other Ethnic Group: (Please state)			
Please indicate your Religion/Belief:			
Buddhist		Christian	
Hindu		Jewish	
Muslim		None	
Other		Prefer not to say	
Sikh	П		

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Please provide your Date of Birth:					
Please indicate your relevant Age Range:					
16 – 17		18 – 24			
25 – 29		30 – 39			
40 – 49		50 – 59			
60 – 64		65+			
Please indicate your Sexual Orientation:					
Bisexual		Gay Man			
Heterosexual		Lesbian/Gay woman			
Prefer not to say			_		
Please indicate your gender:					
Female		Male			
Disability					
The Disability Discrimination Act (2010) defines a disabled person as someone with a 'physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities'. Do you consider yourself to have such a disability?					
Do you consider yourself to have such a disability:					
Yes		No			
Please indicate what type of disability you	have				
Do not wish to specify		Hearing Impairment			
Learning Difficulties		Learning Disability			
Long standing illness or health condition		Mental Health Condition			
Mental illness		Mobility Impairment			
Other					
Other		Physical Co-Ordination difficulties			
Physical impairment		Physical Co-Ordination difficulties Reduced physical capacity			
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Physical impairment		Reduced physical capacity			

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