

Isle of Wight Council Equality Monitoring Form



The Isle of Wight Council want to make sure that we are an equal opportunities employer in practice, which is why we want to monitor the diversity of people applying to work with us.

This form does not form part of the selection process and is separated from your application form whilst consideration of candidates takes place. Information provided will be treated as confidential and doesn't form part of the selection process

Post Title:	Post Ref No:
Department:	National Insurance Number:
Last name:	First name:
What age group do you belong to?	
<input type="checkbox"/> <25 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	

1. Do you consider that you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Sex (Gender) Male <input type="checkbox"/> Female <input type="checkbox"/>		
3. How would you describe your ethnic origin?		
1	White British	<input type="checkbox"/>
2	Irish	<input type="checkbox"/>
3	Any other White background (please specify)	
4	White and Black Caribbean	<input type="checkbox"/>
5	White and Black African	<input type="checkbox"/>
6	White and Asian	<input type="checkbox"/>
7	Any other Mixed Race background (please specify)	
8	Asian British	<input type="checkbox"/>
9	Indian	<input type="checkbox"/>
10	Pakistani	<input type="checkbox"/>
11	Bangladeshi	<input type="checkbox"/>
12	Any other Asian background (please specify)	
13	Black British	<input type="checkbox"/>
14	Black Caribbean	<input type="checkbox"/>
15	Black African	<input type="checkbox"/>
16	Any other Black background (please specify)	
17	Chinese	<input type="checkbox"/>
18	Any other ethnic group not classified above (please specify)	
4. Are you married or in a civil partnership? Married Yes <input type="checkbox"/> Civil Partnership Yes <input type="checkbox"/> Married No <input type="checkbox"/> Civil Partnership No <input type="checkbox"/>		
5. How would you describe your sexuality? Heterosexual/straight <input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman/lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/>		

6. Have you undertaken or are you undertaking gender reassignment?

Yes

No

How would you describe your religion / belief?

My religion or belief is

I have no religion or belief

Data Protection

The information given may be processed by computer for purposes registered by the Council under data protection legislation. Individuals have the right of access to computerised personnel data concerning them.

Thank you for your co-operation.

Date: / /