

# Isle of Wight Council Equality Monitoring Form



The Isle of Wight Council aims to be an equal opportunity employer and to select staff on merit, irrespective of gender, marital status, race, colour, ethnic origin, nationality, age, disability, sexual orientation or religious belief. Solely for the purpose of monitoring the effectiveness of our equality policy we request that all applicants complete this form.

**The information you provide will be treated as confidential and will not form part of the selection process, this form will be separated from your application form whilst consideration of candidates takes place.**

|                                  |                            |
|----------------------------------|----------------------------|
| Post Title:                      | Post Ref No:               |
| Department:                      | National Insurance Number: |
| Surname:                         | Forenames:                 |
| Date of Birth:        /        / |                            |

|                                                                                       |                                                              |                          |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------|
| <b>1. Do you class yourself as disabled under the terms of the Equality Act 2010?</b> |                                                              |                          |
| Yes                                                                                   | <input type="checkbox"/>                                     |                          |
| No                                                                                    | <input type="checkbox"/>                                     |                          |
| <b>2. Are you</b>                                                                     |                                                              |                          |
| Male                                                                                  | <input type="checkbox"/>                                     |                          |
| Female                                                                                | <input type="checkbox"/>                                     |                          |
| <b>3. How would you describe your ethnic origin?</b>                                  |                                                              |                          |
| 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) |                          |

## 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:**        /        /