

# Arlesey Town Council

## Equality and Diversity Monitoring Form

Arlesey Town Council is committed to providing a fair recruitment process and equal employment opportunities for all. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of our workforce in encouraging equality and diversity.

The Town Council hereby seeks your help in achieving its Equal Opportunity aims, by requesting your voluntary completion of this form. There is no obligation on you to do so.

The information you provide will remain confidential, be stored securely and will only be referred to by authorised personnel.

Please return the completed form in an envelope marked 'Strictly confidential' to **The Town Clerk, Arlesey Town Council, Community Centre, High Street, Arlesey, Beds SG15 6SN.**

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**Gender** Male  Female  Prefer not to say

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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 in:

**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 in:

**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 in:

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**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.

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**What is your sexual orientation?**

Heterosexual  Gay woman/lesbian  Gay man  Bisexual   
Prefer not to say  If other, please write in:

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**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 in:

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**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

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**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 in:

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**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

Thank you for completing this form.