



You make the difference...

## 1) Equal Opportunities Monitoring Form

**Confidential**

Coventry City Council is committed to equal opportunities in employment and service delivery. To help us do this, **it is mandatory that all applicants complete this monitoring form. Failure to do so will result in your application being withdrawn from the recruitment process.**

**Data Protection Act 2018** - The School is a data controller for the purposes of the General Data Protection Regulation and domestic legislation. The personal data that you provide will be used in connection with your application for vacancies at the School only.

If we make an offer of employment, the School will provide a fully informed privacy notice to employees.

The personal data that you provide will be used in connection with your application for vacancies at the School. Your information will be shared with the Recruitment Panel and will be used for research, analysis and statistical purposes and used to meet our statutory obligations under the Disability Discrimination Act 1995. Unsuccessful candidate's application forms will be destroyed after 6 months. The Equal Opportunities Monitoring Form should be read in conjunction with the application form privacy notice.

**By signing this notice, I explicitly consent for my personal information to be processed by the School in line with the recruitment process in relation to this application only. I understand I can withdraw my consent to use my personal information in this application at any point prior to accepting an employment offer.**

Signature:

Date:

The information contained in the form is for **monitoring purposes only** and is **not** provided to the short listing panel.

☐ **Tape**

☐ **Large Print**

☐ **E-mail**

☐ **Braille**

|                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Job Ref:                                                                                                                                                                                                                                                                                                                            |  | Job Title:                                                                                                                                                                                                                                   |  |
| <b>Gender</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                     |  | Date of Birth      /      /      DD/MM/YYYY                                                                                                                                                                                                  |  |
| <b>Ethnic Group (These groups are from the 2001 National Census)</b><br><div> 1) Choose one section from a) to f)<br/> 2) Then select the box that best describes your cultural or ethnic background.<br/> 3) If you select the last box within any category, please detail your ethnicity in the space provided underneath. </div> |  |                                                                                                                                                                                                                                              |  |
| <b>a) White</b><br><input type="checkbox"/> British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Other<br>Please state                                                                                                                                                                                             |  | <b>b) Mixed</b><br><input type="checkbox"/> White and Black Caribbean<br><input type="checkbox"/> White and Black African<br><input type="checkbox"/> White and Asian<br><input type="checkbox"/> Any other mixed background<br>Please state |  |
| <b>c) Asian or Asian British</b><br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Any other Asian background<br>Please state                                                                                                            |  | <b>d) Black or Black British</b><br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Other<br>Please state                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                     |  | <b>e) Chinese or other ethnic group</b><br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Other<br>Please state                                                                                                                |  |
| <b>f) Prefer not to state ethnicity</b><br><input type="checkbox"/> Prefer not to state ethnicity                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                              |  |
| <b>Sexual orientation</b><br><input type="checkbox"/> Heterosexual                                                                                                                                                                                                                                                                  |  | <b>Religion/Belief</b><br><input type="checkbox"/> Buddhist                                                                                                                                                                                  |  |

- ☐ Gay Man
- ☐ Gay Woman / Lesbian
- ☐ Bisexual
- ☐ Prefer not to state

Is your gender identity the same as the gender you were assigned at birth?

- ☐ Yes      ☐ No      ☐ Prefer not to state

- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ None
- ☐ Other
- ☐ Prefer not to state

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### 2) Equality (Disability) Act 2010

The Council is required by the government to record numbers of applicants protected by the Disability Discrimination Act 1995. This information is also important in monitoring the success of Council policies and initiatives that aim to attract more applications from people with disabilities.

- The Equality (Disability) Act 2010 protects people who:
  - have an impairment
  - are disabled
  - have long-term health conditions

This is providing that this has a "substantial and long term\* adverse effect on a person's ability to carry out normal day-to-day activities". Long term is defined as 12 months or longer (or, if the condition is a new one, the expectation that it will be 12 months or longer).

#### Disability Act 2010

Do you think that you have a disability in accordance with the terms of the Equality Act 2010?

- ☐ Yes      ☐ No

If yes, please indicate which category best describes your disability:

- ☐ Hearing impairment
- ☐ Visual impairment (not corrected by spectacles or contact lenses)
- ☐ Physical impairment
- ☐ Mental health
- ☐ Learning difficulties
- ☐ \*Other (please specify)
- ☐ Prefer not to state

#### Media: Where did you hear about this vacancy?

- ☐ School / College / Careers Service
- ☐ Job Centre
- ☐ Casual Enquiry
- ☐ Advertisement \*

\*Please specify where the advert was seen

- ☐ Information from existing employee
- ☐ Job Vacancy Circular
- ☐ Website
- ☐ Recruitment Event
- ☐ Open Day