****

**Equal Opportunities Monitoring Form**

**Post Number: ………………………………………..**

**Note – Please use printed forms only, not photocopies.**

North Yorkshire County Council is committed to equality in employment. The Council’s aim is to ensure equality for all existing and prospective employees.

In order to assist the Council with this aim please provide the information below in monitoring recruitment procedures for which your co-operation would be appreciated.

The information will not form part of your application, but will be separated from your application form upon receipt. The information provided will be used for statistical and monitoring purposes and to help us to develop our policies and practice and will be treated confidentially and be subject to the provisions under the current Equality Legislation and Data Protection Act.

Please refer to the Guidance Notes for Applicants for further information about this form.

**PLEASE USE CAPITAL LETTERS OR PLACE A CROSS IN BOXES WHERE APPLICABLE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Gender:** | | | Male |  | Female | | |  |
| **2.** **Please indicate whether the post is: (mark all that apply)** | | | | | | | | |
| Full Time |  | | Term-Time |  | Part-Time | | |  |
| Casual/Relief |  | | Job Share |  | Fixed Term/Temp | | |  |
| Other |  | | Please specify: | | | | | |
| **3a. Do you consider yourself to have a disability?** | | | | Yes |  | | No |  |
| **3b. If yes do you require any additional support for interview?** | | | | Yes |  | | No |  |
| **Please add any further information if you wish:**  **(If you answer yes to this question we will contact you to discuss)** | | | | | | | | |
| **4. Are you currently employed by NYCC?** | | | | Yes | |  | No |  |
| **5.** **Where did you see the vacancy advertised?** | | | | | | | | |
| Local Press |  | Job Centre | |  | Internal | | |  |
| TES |  | Word of Mouth | |  | Phoned | | |  |
| Professional Journal |  | NYCC Website | |  | Library | | |  |
| Open Day |  | Other | |  | Please specify: | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6.** **The Council is required to use this format for its monitoring exercises. What is your ethnic group? Please choose one section from (a) to (e), then place a cross in the appropriate box to indicate your cultural background** | | | | |
| **(a) White** | | | **(b) Mixed** | |
| British |  |  | White and Black Caribbean |  |
| Irish |  |  | White and Black African |  |
| Other (please specify): | | | White and Asian |  |
|  | | | Other (please specify): | |
|  | | | | |
| **(c) Asian or Asian British** | | | **(d) Black or Black British** | |
| Indian |  |  | Caribbean |  |
| Pakistani |  |  | African |  |
| Bangladeshi |  |  | Other (please specify): | |
| Other (please specify): | | |  | |
|  | | | | |
| **(e) Chinese or other Ethnic Group** | | |  | |
| **Chinese** |  |  |  | |
| Other (please specify): | | |  | |

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

**Month / Year Selection Process Undertaken:**