



Equality and Diversity Monitoring Form

Community Council for Somerset wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable this, by completing this form. Which will be separated from your application form and treated in the strictest confidence. Please note that we will not use this information as part of the recruitment selection process.

The information you provide will be used for statistical purposes only.

Surname	Forenames
Position Applied for :	
Agency (please specify)	
SCL employee / volunteer/ trustee (please give name)	
Newspaper or journal (please specify)	
Speculative enquiry	
Other (please specify website, if applicable)	

How did you learn about this vacancy?

- Gender**

Man Woman Intersex Non-binary Prefer not to say
 If you prefer to use your own term, please specify here

- Are you married or in a civil partnership?**

Yes No Prefer not to say

- Age**

16-24 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65+ Prefer not to say

- 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 note:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say Any other mixed background, please note:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese
Prefer not to say Any other Asian background, please note:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say
Any other Black/African/Caribbean background, please note:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please note:

• **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 to the role?

Please note: The information in this form is for monitoring purposes only.

• **What is your sexual orientation?**

Heterosexual Gay woman/lesbian Gay man Bisexual
Prefer not to say If you prefer to use your own term, please note:

• **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 note:

• **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 (under 18)
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

Privacy statement

CCS takes data protection seriously and complies with the General Data Protection Regulation 2018. Your personal data on this application form is held for 6 – 12 months if unsuccessful. If you are employed CCS retains the application in line with its Data Protection, Privacy and Retention Records Policies. If you would like to find out more about how we use your data or want to see a copy of information about you that we hold, please contact info@somersetcc.org.uk or call 01823 331222.

