



## 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 :	

### How did you learn about this vacancy?

Agency (please specify)	
CCS employee / volunteer/ trustee (please give name)	
Newspaper or journal (please specify)	
Speculative enquiry	
Other (please specify website, if applicable)	

- 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 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 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 of 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 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