

Equality Monitoring Information for Job Applicants

Legislation requires employers to gather information about job applicants regarding their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation and marriage and civil partnership.

The term “**equality monitoring**” describes the process used to gather, store and analyse this information, which is used to improve our services, policies and procedures. Monitoring this data helps us to understand if our recruitment and selection policies and practices are fair and objective to everyone and that we are attracting applications from the widest range of candidates. Annually the Council will publish on the internet, a summary of recruitment monitoring data we have collected.

Equality monitoring information helps us to understand the types of people who are applying for jobs and what happens to them in the selection process. As a public authority Wrexham Council is required to take steps and aims to promote equality of opportunity and combat discrimination. We value diversity and want to maintain a workforce that has a wide range of skills, qualifications and experiences.

All job applicants will be asked for the same equality monitoring information. This information does not form any part of your application and is removed from your application form before submission to the short-listing stage. Each applicant is considered on their merit against the person specification. If you are successful, and become part of the Council’s workforce, you will be asked to complete a further equality monitoring form. Information is covered by the rules and regulations of the Data Protection Act 1998.

We never use this information to identify individuals and use it for statistical purposes only.

Contact the Human Resources Service Centre for further information and enquiries.

Telephone 01978 292012 or email: hrrservicecentre@wrexham.gov.uk

or visit www.wrexham.gov.uk/jobs

Wrexham County Borough Council operates an Interview Guarantee Scheme for candidates with disabilities (Two Ticks). This means that any job applicant, who has a disability and meets the essential job requirements set out in the person specification, will be invited to the selection process/interview.

All applicants will be judged on their abilities, as demonstrated in any selection tests or exercises and in the interview, not on any perceived limitations of the disability. All appointments are made on merit, and the Council will make any reasonable adjustments it can in the workplace to mitigate the effects of any disability.

Please complete the following form and return it with your completed application form.

By completing this form you are consenting to the use of this information for equality monitoring purposes. This information will be kept confidential.

The Council requests all job applicants to complete a confidential equality monitoring form.



General Information

Please complete the appropriate boxes

Vacancy Post Title	<input type="text"/>	Vacancy Reference Number	<input type="text"/>
Where did you see this post advertised?	<input type="text"/>		
National Insurance Number	<input type="text"/>	Post Code	<input type="text"/>
Are you an internal candidate?	<input type="text"/>	Payroll Number <small>(internal applicant only)</small>	<input type="text"/>

Equality Monitoring

Tick the boxes that best describe you for each question below.

1. Your age

What is your date of birth? (Please state) DD/MM/YYYY

I prefer not to say

2. Your gender

Are you?

Female Male Intersex/Other I prefer not to say

3. Your sexual orientation

Which of the following options best describes how you think of yourself?

Heterosexual / straight Gay man
 Gay woman / lesbian Bisexual
 Other I prefer not to say

4. Gender reassignment/Gender Identity

4.(a) At birth, were you described as... Please tick one option

Male Female Intersex I prefer not to say

4.(b) Which of the following describes how you think of yourself? Please tick one option

Male Female In another way:

5. Your marriage or civil partnership

What is your legal marital or civil partnership status?

- Never married and never registered in a same sex civil partnership.
- Married
- Separated, but still legally married
- Divorced
- Widowed
- In a registered same-sex civil partnership
- Separated, but still legally in a same-sex civil partnership
- Formerly in a same-sex civil partnership which is now legally dissolved
- Surviving partner from a same-sex civil partnership

6. Your Health

Do you have a physical or mental health condition(s) or illness(es) lasting or expected to last 12 months or more?

- Yes No I prefer not to say

6.(a) If you have answered yes to question 6, please indicate the type of impairment which applies to you:

- | | |
|--------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> Long-standing illness or health condition |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Any other impairment |
-

6.(b) If you have answered yes to question 6, please indicate if your condition(s) or illness(es) reduce your ability to carry out day to day activities?

- | | |
|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Yes, a lot | <input type="checkbox"/> Yes, a little |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> I prefer not to say |

7. Your national identity

How would you best describe your national identity?

- | | | |
|-----------------------------------------|----------------------------------|----------------------------------------------|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> English | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> British | <input type="checkbox"/> I prefer not to say |
- Other (please describe)
-

8. Your ethnic group - Tick the box that best describes your ethnicity

White

- British/English/Northern Irish/Scottish/Welsh
- Irish
- Gypsy or Irish Traveller
- Any other White background (please describe)

Mixed/Multiple ethnic group

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background (please describe)

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please describe)

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background (please describe)

Other ethnic group

- Arab
- Any other ethnic background (please describe)

I prefer not to say

9. Your religion or belief

Tick the box that best describes your religion or belief

- No religion
- Buddhist
- Hindu
- Jewish
- Any other religion or belief (please describe)
- Christian (all denominations)
- Muslim
- Sikh
- I prefer not to say

10. Pregnancy and Maternity

Are you currently pregnant or have been pregnant in the last year?

- Yes
- No
- I prefer not to say

11. Have you taken maternity leave within the past year?

- Yes
- No
- I prefer not to say

12. Your preferred language

Tick a box below.

- | | |
|---------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Any other language (please write in) | |
| <input type="text"/> | |

13. Level of Welsh Language fluency. Please complete for each:

0 = Not at all/Entry 1 = A Little/Foundation 2 = Intermediate/Some
3 = Advanced/ Moderate 4 = Fully proficient 5 = Fully proficient (technical)

- | | |
|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Listening/Speaking* | <input type="checkbox"/> Reading/Understanding* |
| <input type="checkbox"/> Writing* | <input type="checkbox"/> I prefer not to say |

*or an alternative suitable method of communication if applicable

Please refer to the Welsh Language Skills Assessment Chart for further detail as to the levels (enclosed).

14. Carers

Do you provide care on a substantial and regular basis for a family member or friend who needs care / help / support / because of sickness, frailty or disability?

- | | |
|----------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> I prefer not to say | |

Please contact the Human Resources Service Centre on telephone number 01978 292012 if you require this form in an alternative format.

The Council is a Carer friendly employer

