

## About You

It is important to us to check that our employment practices are accessible and fair to all groups of people. These questions are intended to help us to find out about that. The council also has a legal duty to collect and publish data to show how effective its equality policies are and we are asking all staff to help us to do this by completing this form. The information you give us will be kept confidentially and stored securely and will only be used to provide an overall picture of the Council and will not be used to influence individual employment decisions and will be kept separate from any job applications. Choosing to complete or not complete this information will not affect your employment opportunities.

Please choose one option for each of the questions listed below and then tick or place an X in the appropriate box. If you do not want to answer some of the questions, please tick the 'Prefer not to answer' box. Thank you.

<b>Your Assignment/Employee Number:</b> (found on your payslip)	
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<b>Your Name:</b>	
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1. **Are you:** Male ☐ Female ☐ Prefer not to say ☐  
If you would prefer to use your own term please provide this here -----

2. **Please indicate your marital/civil partnership status:**

	Prefer not to say <input type="checkbox"/>
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- 3a. **Do you consider yourself to have a disability?**

(The Equality Act 2010 considers a person to be disabled if they have “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”)

Yes ☐ No ☐ Prefer not to say ☐

- 3b. **If Yes, please indicate the type of disability or illness you have.** Please tick all those that apply. If none apply please mark 'Other' and give details.

<b>Physical impairment</b> such as difficulty using your arms or mobility issues	<input type="checkbox"/>
<b>Sensory impairment</b> such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment	<input type="checkbox"/>
<b>Mental health condition</b> such as depression or schizophrenia	<input type="checkbox"/>
<b>Long-standing illness or health condition</b> such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	<input type="checkbox"/>
<b>Learning disability/difficulty</b> (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)	<input type="checkbox"/>
<b>Other</b> (please specify):	<input type="checkbox"/>

Prefer not to say

☐

4. Do you have any caring responsibilities?

Yes ☐ No ☐ Prefer not to say ☐

*If Yes, do you...* Look after children ☐ Help someone ill or disabled ☐

5. Please indicate which of these groups you consider you belong to:

A. White	B. Mixed / multiple ethnic groups
English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/>
Irish	<input type="checkbox"/> White and Black African <input type="checkbox"/>
Gypsy / Roma	<input type="checkbox"/> White and Asian <input type="checkbox"/>
Traveller	<input type="checkbox"/> Any other Mixed / multiple <input type="checkbox"/>
Any other White background	<input type="checkbox"/> ethnic background <input type="checkbox"/>

C. Black / African / Caribbean / Black British	D. Asian / Asian British
African	<input type="checkbox"/> Indian <input type="checkbox"/>
Caribbean	<input type="checkbox"/> Pakistani <input type="checkbox"/>
Any other Black / African / Caribbean background	<input type="checkbox"/> Bangladeshi <input type="checkbox"/>
	Chinese <input type="checkbox"/>
	Any other Asian background <input type="checkbox"/>

E. Other ethnic group
Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>

6. What is your religion?

No religion	<input type="checkbox"/> Jewish <input type="checkbox"/>
Buddhist	<input type="checkbox"/> Muslim <input type="checkbox"/>
Hindu	<input type="checkbox"/> Sikh <input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/> Any other religion, (please state): <input type="checkbox"/>
	.....
	Prefer not to say <input type="checkbox"/>

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

Heterosexual or Straight <input type="checkbox"/>	Other <input type="checkbox"/>
Gay or Lesbian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Bisexual <input type="checkbox"/>	

Many thanks for your help.

Please save your form and email to: [Employee.Services@northumberland.gov.uk](mailto:Employee.Services@northumberland.gov.uk).

**Alternatively, print out your form and send to: Employee Services, County Hall,  
Morpeth (via the internal mailing system wherever possible).**

**EM/Jan15**