

Employee equality monitoring

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. The information 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 say' box. Thank you.

1 Which of the following describes how you think of yourself?

Female

Male

I prefer to use a different term

If you prefer to use your own term please tell us what this is: _____

Prefer not to say

2. Please indicate your age group:

18 to 24 25 to 44 45 to 64 65 to 74

75 to 84 85+ Prefer not to say

3. Are you married or in a civil partnership?

Yes

No

Prefer not to say

4a. 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

4b. 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.

Physical impairment such as difficulty using your arms or mobility issues	
Sensory impairment such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment	
Mental health condition such as anxiety or depression	
Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	
Learning disability/difficulty (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)	
Other (please say what this is):	
Prefer not to say	

5. Do you have any caring responsibilities?

Yes No Prefer not to say

If Yes, do you Look after children

Help someone who is ill or disabled

6. Please indicate which of these groups you consider you belong to

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

<p>C. Black / African / Caribbean</p> <p>Black British <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>Any other Black / African / Caribbean background <input type="checkbox"/></p>	<p>D. Asian</p> <p>Asian British <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p>
<p>E. Other ethnic group</p>	
<p>Arab <input type="checkbox"/></p>	<p>Any other ethnic group <input type="checkbox"/></p> <p>Please tell us what this is</p>

<p>F. Prefer not to say <input type="checkbox"/></p>

7. What is your religion or belief?

Buddhist		Jewish	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		Muslim	
Hindu		Sikh	
No religion or belief		Humanist	
Any other religion or other belief (please say what below)		Prefer not to say	

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

Heterosexual or Straight		Bisexual	
Gay man		Prefer not to say	
Gay woman/lesbian		If you prefer an alternative term, please say what that is _____	

Thank you for your help the information you give us will be used to ensure we provide services fairly for all groups in Northumberland.