1) Equal Opportunities Monitoring Form

Confidential

Coventry City Council is committed to equal opportunities in employment and service delivery. To help us do this, it is mandatory that all applicants complete this monitoring form. Failure to do so will result in your application being withdrawn from the recruitment process.

Data Protection Act 2018 - The School is a data controller for the purposes of the General Data Protection Regulation and domestic legislation. The personal data that you provide will be used in connection with your application for vacancies at the School only. If we make an offer of employment, the School will provide a fully informed privacy notice to employees.

The personal data that you provide will be used in connection with your application for vacancies at the School. Your information will be shared with the Recruitment Panel and will be used for research, analysis and statistical purposes and used to meet our statutory obligations under the Disability Discrimination Act 1995. Unsuccessful candidate's application forms will be destroyed after 6 months. The Equal Opportunities Monitoring Form should be read in conjunction with the application form privacy notice.

By signing this notice, I explicitly consent for my personal information to be processed by the School in line with the recruitment process in relation to this application only. I understand I can withdraw my consent to use my personal information in this application at any point prior to accepting an employment offer.

| | | | • | • | | | |
|--|---|---------------|------------|---------------------------|--|--|--|
| Signature: | | | | Dat | te: | | |
| The information contained in the form is for mo | nitoring purposes on | ly and is not | orovided 1 | the shor | t listing panel. | | |
| ☐Tape ☐Large Prin | nt 🔲 E- | -mail | | | Braille | | |
| Job Ref: | Job | Title: | | | | | |
| Gender | | | | | | | |
| ☐Male ☐Female | Date | of Birth | / | / | DD/MM/YYYY | | |
| Ethnic Group (These groups are from the 2001 National Census) | | | | | | | |
| 1) Choose one section from a) to f) 2) Then select the box that best describes your cultural or ethnic background. 3) If you select the last box within any category, please detail your ethnicity in the space provided underneath. c) Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background Please state | a) White British Irish Other Please state d) Black or Black Caribbean African Other Please state | British | | ☐White ☐White ☐Any Please | e and Black Caribbean e and Black African e and Asian other mixed background state ese or other ethnic group ese | | |
| f) Prefer not to state ethnicity Prefer not to state ethnicity | | | | • | | | |
| Sexual orientation | | Religion/ | Belief | | | | |
| ☐Heterosexual | | □Buddhist | | | | | |

| ☐Gay Man | | | Christian | | | | |
|--|-----|--------------------------|----------------------|--|--|--|--|
| ☐Gay Woman / Lesbian | | | ☐Hindu | | | | |
| □Bisexual | | | □Jewish | | | | |
| ☐Prefer not to state | | | ☐Muslim | | | | |
| | | | □Sikh | | | | |
| Is your gender identity the same as the gender you were assigned at birth? | | e as the gender you were | □None | | | | |
| | _ | | ☐Other | | | | |
| □Yes | □No | ☐Prefer not to state | ☐Prefer not to state | | | | |
| L | | | | | | | |

Equal Opportunities Monitoring Form

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2) Equality (Disability) Act 2010

The Council is required by the government to record numbers of applicants protected by the Disability Discrimination Act 1995. This information is also important in monitoring the success of Council policies and initiatives that aim to attract more applications from people with disabilities.

- The Equality (Disability) Act 2010 protects people who:
 - have an impairment
 - are disabled
 - have long-term health conditions

This is providing that this has a "substantial and long term* adverse effect on a person's ability to carry out normal day-to-day activities". Long term is defined as 12 months or longer (or, if the condition is a new one, the expectation that it will be 12 months or longer).

| Disability Act 2010 | | | | | | |
|--|-------------------------------------|--|--|--|--|--|
| Do you think that you have a disability in accordance with the terms of the Equality Act 2010? | | | | | | |
| □Yes □No | | | | | | |
| If yes, please indicate which category best describes your disability: | | | | | | |
| ☐ Hearing impairment | | | | | | |
| ☐Visual impairment (not corrected by spectacles or contact lenses) | | | | | | |
| ☐Physical impairment | | | | | | |
| ☐Mental health | | | | | | |
| ☐ Learning difficulties | | | | | | |
| □*Other (please specify) | | | | | | |
| ☐Prefer not to state | | | | | | |
| Media: Where did you hear about this vacancy? | | | | | | |
| □School / College / Careers Service | ☐Information from existing employee | | | | | |
| ☐Job Centre | ☐Job Vacancy Circular | | | | | |
| ☐Casual Enquiry | □Website | | | | | |
| ☐Advertisement * | Recruitment Event | | | | | |
| *Please specify where the advert was seen | □Open Day | | | | | |