



EQUAL OPPORTUNITIES MONITORING

CONFIDENTIAL

Please complete in black ink or type

Trowbridge Town Council is committed to equal opportunities and the elimination of unlawful or unfair discrimination and we ask that you complete the following pages to assist us in monitoring our equal opportunity policy.

The information you provide will be treated in confidence. It will not be seen by the recruiting officer or the interview panel and will not be taken into consideration when assessing your suitability for the position.

Please return this form in an envelope marked "Confidential" and addressed to The Head of Resources.

Application for the post of:

Personal Details

Surname: _____	Forename: _____
Preferred Name: _____	Preferred Title: _____
Home Address: _____	Correspondence Address: _____
Daytime Contact Tel. No. _____	Home Telephone Number: _____
Email Address: _____	
National Insurance No. _____	
Do you need a work permit for permanent employment in the UK? Yes / No	If Yes do you have one? Yes / No
Do you have a Drivers Licence Yes / No	

Relatives / Other interests

Are you related to, or do you know any Member or Officer who works for Trowbridge Town Council?

Yes / No

If yes, please state the name of the person and the capacity in which you are known to them.

If appointed, do you have any business and/or financial interests which might conflict with the duties of the post?	
Yes / No	If yes, please give brief details

Equal Opportunities Monitoring Form

Trowbridge Town Council recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

The information you supply on this form will be separated from your application form prior to any selections decisions being made and will be treated as confidential at all times, and in accordance with the Data Protection Act 2018

Name:			
Post Applied For:			
Gender: Male / Female	Marital Status: Married / Single / Other		
Date of Birth:			Age:
Do you consider yourself to have a disability	Yes / No		
If yes, please state nature of disability			
The Equality Act defines disability as “A physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”.			

Ethnic Group (Please tick one box)

White	British <input type="checkbox"/>	Mixed	White and Black Caribbean <input type="checkbox"/>
	Irish <input type="checkbox"/>		White and Black African <input type="checkbox"/>
	Any other white background* <input type="checkbox"/>		White and Asian <input type="checkbox"/>
			Any other mixed background* <input type="checkbox"/>
Black or Black British	Caribbean <input type="checkbox"/>	Asian or Asian British	Indian <input type="checkbox"/>
	African <input type="checkbox"/>		Pakistani <input type="checkbox"/>
	Any other Black background* <input type="checkbox"/>		Bangladeshi <input type="checkbox"/>
			Any other Asian background* <input type="checkbox"/>
Chinese or Other Ethnic Group	Chinese <input type="checkbox"/>	* Please specify	
	Other Ethnic Group* <input type="checkbox"/>		

If you wish, you may disclose information about yourself in this section about your:

Religion:
Sexual Orientation:

Supplementary Information

Please indicate where this vacancy was bought to your attention:

Job Centre <input style="width: 60px;" type="checkbox"/>	Wiltshire Times <input style="width: 60px;" type="checkbox"/>	Indeed <input style="width: 60px;" type="checkbox"/>
Social Media: Facebook <input style="width: 60px; height: 60px;" type="checkbox"/>	TTC Website www.trowbridge.gov.uk <input style="width: 60px; height: 60px;" type="checkbox"/>	Government Website <input style="width: 60px; height: 60px;" type="checkbox"/>
Word of mouth <input style="width: 60px;" type="checkbox"/>	Other, please specify _____	

Declaration

I declare that that this application form has been completed by me and all the information I have given is accurate and complete to the best of my knowledge. I accept that if I have given any information which I know is false or if I withhold any relevant information it may lead to my application being rejected or if I have been appointed to my dismissal.

I consent that under the General Data Protection Regulations 2018 the information contained in this **equal opportunities monitoring form** may be processed by Trowbridge Town Council, who will ensure the information will be used lawfully and stored either on a computer or in a locked filing cabinet and will not be disclosed to any person/s for any other purposes.

If you are unsuccessful at the initial stage and not invited to interview, your details will be destroyed upon appointment of the position.

If shortlisted for interview but not offered the position, your details will be retained for 3 months' post commencement of the position and then destroyed.

I give my permission for Trowbridge Town Council to process and retain information about me contained in this form in accordance with the General Data Protection Regulations 2018

Signed.....

Dated.....

(If you submit an application electronically, you will be asked to countersign the declaration if you are invited to interview)

Please return your completed application and Equal Opps Monitoring Form (in a sealed envelope) to:

Ellie Osborne
HR Officer
Trowbridge Town Council
The Civic Centre
St. Stephen's Place
Trowbridge
BA14 8AH

Or alternatively email directly to HR at
ellie.osborne@trowbridge.gov.uk