



City of Westminster

Westminster City Council

Equality opportunities monitoring

Corporate Equalities Employment Policy:

In order to combat discrimination, no unnecessary conditions or requirements will be applied which could have a disproportionately adverse effect on any one group. All sections of the population will have equal access to jobs. **No applicant or employee will receive less favourable treatment because of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil partnership and pregnancy or maternity, unless a Genuine Occupational Qualification (GOQ) applies.**

To monitor the effectiveness of this policy, we need to record certain personal details about the people who apply for vacancies. It is for this reason only, that you are asked to provide the information below, which will be treated with the strictest confidence and used only for statistical purposes. Any equalities information provided to us, will not be shared with the selection panel, or used in the selection process. We would be grateful if you could complete the following in order for us to monitor equalities information and ensure that we are treating all candidates fairly and appropriately.

Guidance Notes on Disability

Under the Equality Act 2010 you are considered to have a disability if you have *'a physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities'*.

Physical and mental impairments include sensory impairments and Deaf Sign Language users. Mental illness is included if it has a substantial effect on normal day to day activity. Past conditions are included. Progressive conditions, such as cancer, multiple sclerosis, muscular dystrophy and HIV infection, are covered from the point of diagnosis. Severe disfigurements are included.

Substantial adverse effect is more than a minor or trivial effect. Substantial effects of a disability, which has ceased but is expected to recur at least once a year, for example rheumatoid arthritis or epilepsy, are included in the definition.

Long term effect is one which has lasted, or is likely to last, 12 months or more.

Normal day to day activities are those which are carried out by most people on a fairly regular and frequent basis.

Full definitions of disability are available from <https://www.gov.uk/definition-of-disability-under-equality-act-2010>.

Personal details

Position reference number:

Date of birth:

Last name:

Forenames:

Please mark each applicable box with a tick, 'x' or write in the space if appropriate.

Gender, what do you identify with?

Male Female N/A

If you don't identify as a male or female, how would you describe your gender identity?

Gender Neutral Intersex Transgender F to M Transgender M to F
Nonbinary or you choose to define your identity in another way N/A

Age group:

16-24 25-34 35-44 45-54
55-64 65+

Ethnic groups:

To which of these groups do you consider you belong?

Asian or Asian British:

British Asian Indian Pakistani Bangladeshi
East African Asian Chinese Other Asian (please specify)

Black / Black British:

Black British African Caribbean Other (please specify)

White/White British:

English Irish Welsh Scottish Traveller/Roma Eastern
European Western European Other (please specify) -

Mixed Heritage (please specify) _____

Any other ethnic background (please specify):

Prefer not to say

Disability

The council's Disability Equality Scheme states 'the problems experienced by many disabled people are not because of their impairments or medical conditions but are due to attitudinal and environmental barriers. This is known as 'the social model of disability'.

Do you consider yourself to be disabled as defined by the above 'social model'?

Yes No Prefer not to say

The definition of disability, as outlined in the Disability Discrimination Act 1995 & 2005 (DDA) is as follows: "A **physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities**".

Do you consider yourself to be disabled as defined by the DDA?

Yes No Prefer not to say

Details of your disability (If you prefer to not say please leave blank)

Sexual Orientation

Please tick the box that best describes your sexual orientation:

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gay woman/Lesbian | <input type="checkbox"/> Prefer not to say |

Religion or Belief

To which of these groups do you consider you belong?

- | | | | |
|--|--|---|---|
| Bahai <input type="checkbox"/> | Buddhism <input type="checkbox"/> | Christianity <input type="checkbox"/> | Hinduism <input type="checkbox"/> |
| Islam <input type="checkbox"/> | Janinism <input type="checkbox"/> | Judaism <input type="checkbox"/> | Rastafarian <input type="checkbox"/> |
| Secularism <input type="checkbox"/> | Sikhism <input type="checkbox"/> | Zoroastrianism <input type="checkbox"/> | No religion/belief <input type="checkbox"/> |
| Prefer not to say <input type="checkbox"/> | Other religion or belief (please specify) <input type="checkbox"/> _____ | | |

Marital Status

Single Married Heterosexual Married Same sex
Heterosexual Civil Partnership Same sex Civil partnership
Co-habiting Widowed Separated
Divorced Other (please specify) _____

Are you a Refugee or Asylum Seeker?

No Refugee Asylum Seeker

Please specify what country or region you are a refugee/asylum seeker from?

Language

Please tick the box that best describe your main first/main language

English French Spanish
Portuguese Punjabi Mandarin Chinese
Russian Hindi Swahili
Arabic Other (please specify) _____

Data Protection Act

The council will process all data in compliance with the provisions of the Data Protection Act 1998. Please sign below to give your explicit consent that the information which you give on this form may be processed in accordance with the council’s registration under the Data Protection Act 1998.

Please mark the box with an ‘x’ to confirm you have read and understood the above.

Signed (Please write or type in your full name)

Date