



Equal Opportunities Monitoring Form

The Council aims to be an equal opportunity employer, and we want to treat everyone equally. The information requested below will enable us to determine whether or not we are achieving this aim. All information will be regarded as strictly confidential, will be kept separately and will in no way affect the outcome of your application for employment nor influence recruitment decisions. Completion of this form and the information you provide is voluntary and will be used only for equality monitoring purposes.

Please read the Council’s Privacy Notice on the website for details of your rights with regard to data protection.

About the vacancy

Please state which job you have applied for, and the closing date given for applications.

Job applied for:	
Closing date for applications:	

Gender

What is your gender (please tick)?

Male	
Female	
Non-binary	
Prefer to self-describe	
Prefer not to say	

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

Gender identity

Do you identify as trans or have a gender identity different from that assigned at birth?

Yes	
No	
Prefer not to say	

Ethnic group

How would you describe your nationality and/or ethnicity (please tick)?

White		Mixed/Multiple ethnic groups	
-------	--	------------------------------	--

Horsham Town Council – Equal Opportunities Monitoring Form - Confidential

Asian/Asian British		Black/African/Caribbean/Black British	
Any Other Ethnic Group		Prefer not to say	

Age

What is your age (please tick)?

16-24		25-34		35-44		45-54		55-64	
65+								Prefer not to say	

Sexual orientation

How would you describe your sexual orientation (please tick)?

Heterosexual / straight		Bisexual		Prefer not to say	
Gay man		Gay woman / lesbian			

Religion or belief

Please describe your religion or other strongly held belief.

I would describe my religion or belief as:
I have no particular religion or belief	
Prefer not to say	

Disability

The Equality Act 2010 defines a disability as 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". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes		No	
Prefer not to say		Don't know	

What is the nature of your disability?

Physical/Mobility		Sensory	
Mental Health		Learning	
Prefer not to say		Other	

Thank you for taking the time to complete this form and helping us to promote equality and diversity.

Data Protection Statement

The information provided on this form will be anonymised and processed in accordance with the Data Protection Act 2018 and UK GDPR.

It will be used solely for equality monitoring statistical purposes and will not form part of the recruitment or selection process. The information will be treated in strict confidence, stored securely, and only accessed by authorised personnel.

Data will be used for statistical analysis only and will not identify individuals. For further information, please see our Privacy Notice on the council's website.