

Equality Information Monitoring: Employment

Any information you provide will be treated in the strictest confidence, and stored on the Trent HR system in accordance with Data Protection legislation. The Council is committed to offering fair employment, training and development opportunities for all staff. By providing equality monitoring information, you can help us to fully understand how our workforce is made up, and how different groups of staff are affected in different ways. We can then work to ensure that our employment policies and practices are fair and offer equality of opportunity. The information is also used to meet the Council's obligations under the Public Sector Equality Duty to publish equality information on our workforce as a whole.

Any information you provide will be stored accordance with the Data Protection Act 1998.

If you have any queries or concerns, please do not hesitate to get in touch via Equality@bury.gov.uk

Name:	
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Employee Number:	
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Date of Birth (dd/mm/yyyy):	
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Gender - What best describes your gender?

Male	
Female	
Prefer not to say	
Prefer to self-describe	

Gender Identity – Do you identify as trans? Trans is an umbrella term to describe people whose gender differs from what is typically associated with the sex they were assigned at birth.

Yes	
No	
Prefer not to say	

Sexual Orientation – What is your sexuality?

Heterosexual / Straight		Gay/Lesbian	
Bisexual		Prefer not to say	
Prefer to self-describe			

Marriage and Civil Partnership - Are you legally married or in a legally formed same sex civil partnership?

Yes		No	
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Race - Please tick the box that best describes your ethnic background.

White		Mixed Race	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	White and Indian	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	White and Pakistani	<input type="checkbox"/>
Other White European	<input type="checkbox"/>	White and Bangladeshi	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Any other Mixed Race background	<input type="checkbox"/>
Asian or Asian British		Black or Black British	
Indian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>		
Other Ethnic Backgrounds			
Unknown	<input type="checkbox"/>		
Any other ethnic background	<input type="checkbox"/>		

Religion or Belief – What is your religion or belief?

Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Other Religion	<input type="checkbox"/>	No Religion	<input type="checkbox"/>

Disability - The Equality Act 2010 regards a person as having a disability if he/she has a physical or mental impairment (including sensory impairment) which has both a substantial AND long term adverse effect on his or her ability to carry out normal day-to-day activities.

This can be either a:-

- Physical disability (eg. using a wheelchair to get around or having difficulty using your arms)
- Learning disability (eg. Downs syndrome or dyslexia)
- Mental health condition (eg. depression or schizophrenia)
- Head injury or other cognitive impairment (eg. autism)
- Visual disability
- Hearing disability
- Musculoskeletal disability
- Cardio-vascular disability (eg. chronic heart disease)
- Other long standing illness or health condition (eg. diabetes, cancer, HIV, or epilepsy)

Please note: if you declare a disability your departmental HR team will be notified in order for the Council to carry out its duties under the Equality Act, such as offering support or reasonable adjustments.

Do you consider yourself to be disabled according to this definition?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Caring Responsibilities - Is there anyone who relies upon you for care and attention AND that you assist with their daily routine?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please indicate who you provide such care for?

Adults (age 18 or over)	<input type="checkbox"/>	Children	<input type="checkbox"/>
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