MONITORING FORM

CONFIDENTIAL

(Please complete in black ink)

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POST APPLIED FOR: LIBRARY INFORMATION ASSISTANT

PERSONAL DETAILS

SURNAME:	FORENAME:
PREFERRED NAME	PREFERRED TITLE
ADDRESS EMAIL	Telephone Numbers: Daytime: Evening: Which number may we contact you during the application process? **DAYTIME/ EVENING/ NEITHER**

Do you hold a full Driving Licence? **YES/NO**	Do you own a car? **YES/NO**	National Insurance No.

Do you consider yourself to have a disability or medical condition which may affect the way you would undertake the duties of this post?
YES/NO

If **YES** please state its nature:

N.B. The council is committed to interviewing every disabled candidate who fits the job specification and is asking this question in furtherance of its responsibilities under the Equality Act 2010, as the information provided may be relevant in assessing what adjustment, if any, should be made at interview.

Have you been found guilty of a Court (or Court Martial) of any offence which is not treated as spent under the Rehabilitation of Offenders legislation? In the event of employment, failure to disclose an unspent conviction could result in dismissal or disciplinary action. All information will be treated in confidence and will only be taken into account when absolutely necessary. **YES/NO**
Are you required to have a permit to work in the U.K. **YES/NO** If **YES** – do you have one? **YES/NO**

RELATIVES/OTHER INTERESTS

Please state how this vacancy came to your notice, i.e. name of journal, newspaper, etc.

(a) Are you related to or have a close personal relationship with any Member or Officer of Wadebridge Town Council? **YES/NO** (b) If yes, please give details:

REHABILITATION OF OFFENDERS ACT 1974

Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs that are not 'spent'. The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as 'spent'.

EQUAL OPPORTUNITIES MONITORING FORM

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POST APPLIED FOR: LIBRARY INFORMATION ASSISTANT

NAME:

Do you consider yourself to have a disability or health condition?
Yes ☐ No ☐ Prefer not to say ☐

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

Gender
Man ☐ Woman ☐ Non-binary ☐ Prefer not to say ☐

If you prefer to use your own term, please specify here ……..

Are you married or in a civil partnership?

Yes ☐ No ☐ Prefer not to say ☐

Age 16-24 ☐ **25-29** ☐ **30-34** ☐ **35-39** ☐ **40-44** ☐
45-49 ☐ **50-54** ☐ **55-59** ☐ **60-64** ☐ **65+** ☐

Prefer not to say ☐

What is your ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. **Please tick the appropriate box**

White
English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐
British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other white background, please write in:

Mixed/multiple ethnic groups
White and Black Caribbean ☐ White and Black African ☐
White and Asian ☐ Prefer not to say ☐

Any other mixed background, please write in:

Asian/Asian British
Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British
African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black/African/Caribbean background, please write in:

Other ethnic group
Arab ☐ Prefer not to say ☐

Any other ethnic group, please write in:

What is your current working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

What is your flexible working arrangement?

None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐
Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐

Homeworking ☐ Prefer not to say ☐

If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None ☐ Primary carer of a child/children (under 18) ☐

Primary carer of disabled child/children ☐

Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐

Secondary carer (another person carries out the main caring role) ☐

Prefer not to say ☐

Thank you for your co-operation

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YES/NO

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Are you required to have a permit to work in the U.K. **YES/NO** If **YES** – do you have one? **YES/NO**

RELATIVES/OTHER INTERESTS

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POST APPLIED FOR: LIBRARY INFORMATION ASSISTANT

NAME:

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Yes ☐ No ☐ Prefer not to say ☐

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

Gender
Man ☐ Woman ☐ Non-binary ☐ Prefer not to say ☐

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Age 16-24 ☐ **25-29** ☐ **30-34** ☐ **35-39** ☐ **40-44** ☐
45-49 ☐ **50-54** ☐ **55-59** ☐ **60-64** ☐ **65+** ☐

Prefer not to say ☐

What is your ethnicity?
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White
English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐
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Any other white background, please write in:

Mixed/multiple ethnic groups
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Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐

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African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black/African/Caribbean background, please write in:

Other ethnic group
Arab ☐ Prefer not to say ☐

Any other ethnic group, please write in:

What is your current working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

What is your flexible working arrangement?

None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐
Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐

Homeworking ☐ Prefer not to say ☐

If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

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