



North

Yorkshire County Council

EQUAL OPPORTUNITIES MONITORING FORM

OFFICE USE ONLY

Post Number A A A N N N N N N N

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: Please use printed forms only, not photocopies.

North Yorkshire County Council is committed to the principle of equality in employment. The Council's aim is to ensure equality of opportunity for all existing and prospective employees.

In order to assist the Council in monitoring its recruitment procedures your co-operation in providing the information requested on this form would be appreciated. This information will not form part of your application, but will be separated from your application form upon receipt. The information provided will be used purely for statistical purposes.

Please refer to the Guidance Notes for Applicants for further information about this form.

PLEASE USE CAPITAL LETTERS OR PLACE A CROSS IN BOXES WHERE APPLICABLE

1 To which Directorate are you applying?

Chief Executive's Group <input type="checkbox"/>	Children and Young People's Service (inc Catering) <input type="checkbox"/>	Business and Environmental Services <input type="checkbox"/>
Adult and Community Services <input type="checkbox"/>	Finance and Central Services (inc Cleaners) <input type="checkbox"/>	

2 Gender: Male Female

3 Age:

Under 18 18 - 24 25 - 34 35 - 44 45 - 55 Over 55

4 Please indicate whether the post is: (mark all that apply)

Full Time <input type="checkbox"/>	Term -Time <input type="checkbox"/>	Part - Time <input type="checkbox"/>
Casual/Relief <input type="checkbox"/>	Job Share <input type="checkbox"/>	Fixed Term/Temp <input type="checkbox"/>
Other <input type="checkbox"/>		

5 Do you consider yourself to have a disability? Yes No

6 Are you currently employed by NYCC? Yes No

7 Are you applying under the New Deal Initiative? Yes No

8 Are you applying as a claimant of:

Incapacity Benefit Carers Allowance for people on IB Neither



9 Where did you see the vacancy advertised?

Local Press	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	Internal	<input type="checkbox"/>	Personnel Bulletin	<input type="checkbox"/>																				
National Press	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Phoned	<input type="checkbox"/>	Professional Journal	<input type="checkbox"/>																				
University	<input type="checkbox"/>	College	<input type="checkbox"/>	School	<input type="checkbox"/>	Library	<input type="checkbox"/>																				
Careers Centre	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Email	<input type="checkbox"/>	Local Government Magazine	<input type="checkbox"/>																				
Other	<input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									

10 Please note: the categories below are taken from the 2001 Census. The Council is required to use this format for its monitoring exercises.

What is your ethnic group? Please choose one section from (a) to (e), then place a cross in the appropriate box to indicate your cultural background.

(a) **White**

British	<input type="checkbox"/>	
Irish	<input type="checkbox"/>	
Any other white background	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

(b) **Mixed**

White and Black Caribbean	<input type="checkbox"/>	
White and Black African	<input type="checkbox"/>	
White and Asian	<input type="checkbox"/>	
Any other mixed background	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

(c) **Asian or Asian British**

Indian	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	
Any other Asian background	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

(d) **Black or Black British**

Caribbean	<input type="checkbox"/>	
African	<input type="checkbox"/>	
Any other black background	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

(e) **Chinese or other Ethnic Group**

Chinese	<input type="checkbox"/>	
Any other ethnic group	<input type="checkbox"/>	(please state) <input style="width: 200px;" type="text"/>

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

FOR OFFICE USE ONLY 1 2 3 4

MONTH/YEAR SELECTION PROCESS UNDERTAKEN

M	M	Y	Y	Y	Y
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

