



COUNCIL OF THE ISLES OF SCILLY

Equal Opportunities – Recruitment Monitoring Sheet **CONFIDENTIAL**

Please read 'Guidance Notes for Applicants - Equal Opportunities Monitoring Sheet' before completing this form.

The Isles of Scilly Council is committed to providing equality of opportunity. No job applicant should receive unfair or unlawful treatment owing to race, colour, sexual orientation, nationality, ethnic origin, religion, political belief, disability, age, gender or marital status. Please assist us in monitoring the recruitment process by completing this sheet and returning it with your application form.

This sheet will be separated from your application form upon receipt and it will not be considered in the selection process.

PLEASE ENTER A CROSS IN THE APPROPRIATE BOXES

The post applied for: Post Ref No:

The starting salary is:

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Below £10,000 | <input type="checkbox"/> £10,001-£15,000 | <input type="checkbox"/> £15,001-£20,000 | |
| <input type="checkbox"/> £20,001-£25,000 | <input type="checkbox"/> £25,001-£30,000 | <input type="checkbox"/> £30,001-£40,000 | <input type="checkbox"/> over £40,000 |

The closing date for applications is:

Gender

- Female Male
-

Age

- | | | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 25-29 | <input type="checkbox"/> 30-34 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 50-54 |
| <input type="checkbox"/> 55-59 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 65-69 | <input type="checkbox"/> Over 70 | | | |
-

Please turn over

Disability

I am not a disabled person I consider myself to be disabled

If yes please indicate the nature of your disability:

- Physical Impairment Mental Impairment Other
- Mobility Impairment Visual Impairment Hearing impairment
- A Learning Difficulty More than two impairments

Ethnic Origin Choose one selection from (a) to (e) to indicate your cultural background:

- | | | | | |
|--|--|---|--|--|
| (a) White | (b) Black or Black British | (c) Chinese or other ethnic group | (d) Asian or Asian British | (e) Mixed |
| <input type="checkbox"/> British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Irish | <input type="checkbox"/> African | <input type="checkbox"/> Any other * background | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Other white background* | <input type="checkbox"/> Other black background* | | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White & Asian |
| | | | <input type="checkbox"/> Other Asian Background* | <input type="checkbox"/> Other mixed background* |

*Enter other cultural background here

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Present Situation

I am currently an employee of this Authority: Yes No

The post is at a higher level than my present post: Yes No

For office use only: Shortlisted Appointed Reference