#### **Falmouth Town Council**

Municipal Buildings, The Moor, Falmouth, Cornwall TR11 2RT

Tel: 01326 315559 Fax: 01326 312662

## **Recruitment Monitoring Questionnaire - CONFIDENTIAL**

If you are filling in this form by hand please use BLACK INK.



### **Policy Statement on Equal Opportunities**

Falmouth Town Council is committed to the development of policies to promote equal opportunities in employment regardless of workers' gender, marital status, race, colour, nationality (including citizenship), ethnic or national origins, disabilities, age, sexual orientation, responsibility for dependants, religious or political affiliation and trade union activities.

The following questions are used solely for the purpose of monitoring equal opportunities and are in accordance with the criteria identified in the Commission for Racial Equality guidelines, and the employment conditions of the New Deal programme. This information will not be used when deciding on a short-list or making an appointment, but your cooperation in completing the following would be very much appreciated. The information you provide will remain strictly confidential.

Post applied for										
Post Number										
FULL NAME:										
PREVIOUS NAME:	ME: PREFERRED TITLE:									
	For correspondence purposes									
GENDER:	Male  Female				DATE OF BIRTH:					
EMPLOYMENT RESTRICTION	ONS									
Do you need a work permit to	o work ir	the UI	K?		YES NO					
If <b>YES</b> , please give details:										
NEW DEAL SCHEME										
Are you registered on the New Deal Scheme?	YES		NO							
If <b>YES</b> , are you unemployed?	YES		NO							
End date of last employment:	/	/								
Are you a lone parent?	YES		NO							

### **DISABILITY**

# Guidance notes can be found on page three.

Do you consider yourself to have a disability?				NO				
						(Guidance Note 1)		
Do you meet the Disability Discrimination Act definition of disability?				NO				
If Yes:						(Guidance Note 2)		
(a) What arrangements, if any, would be needed if you were called for interview?								
(b) Please describe any special needs you would require to be able to perform the job you are applying for.						(Ovidence Nata 2		
						(Guidance Note 3)		
_	OUR ETHNIC GROUP? E section from A to E, then tick the appropriate	box to i	ndicate	your cul	tural background:			
<b>A</b>	White British Cornish Irish Any other White Background, please write i	in						
<b>B</b>	Mixed White and Black Caribbean White and Black African White and Asian Any other Mixed background, please write in							
<b>c</b>	Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background, please write in	n						
<b>D</b>	Black or Black British Caribbean African Any other Black background, please write in	n						
<b>E</b>	Chinese or other ethnic group Chinese Any other, please write in							

### **GUIDANCE NOTES**

### **Guidance Note 1**

A **disabled person** is someone who has an impairment, experiences externally imposed barriers and self-identifies as a disabled person. **Impairment** is a physical or mental condition of lacking all or part of a limb or having a defective limb, organ or mechanism of the body.

### **Guidance Note 2**

A person has a disability under the Disability Discrimination Act (1995) if he/she has a physical or mental impairment. Included in this definition are the following:

- Physical impairments
- Mental impairments relating to mental functioning, including learning difficulties and mental health issues which are clinically well-recognised.
- Sensory impairments such as hearing impairment or visual impairment (not corrected by glasses)
- Severe disfigurement
- Progressive conditions such as cancer, multiple sclerosis, muscular dystrophy or HIV infection
- People who have had an impairment (covered by the Act) in the past but have since recovered

It should be remembered that to comply with the Act, the impairment should have a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

An impairment has a substantial effect if it affects mobility, manual dexterity, physical co-ordination, continence, ability to lift or otherwise move everyday objects, speech, hearing, eyesight (excluding those who wear glasses / contact lenses), memory and/or ability to concentrate, learn or understand.

Long-term means has lasted, or is likely to last for at least 12 months, or for the rest of the life of a person.

### **Guidance Note 3**

Examples of **reasonable adjustments** are: making adjustments to the premises; allocation of work; being flexible about working hours; providing training; using modified equipment; making instructions and manuals more accessible; using a reader or interpreter; and appropriate supervision.

There are no cut and dried rules because everyone's circumstances are different. The Council is open to considering all requests for reasonable adjustments and would welcome your suggestions.

If you require a reasonable adjustment, an Officer from the Council will contact you to discuss the requirements you have indicated.