**MONITORING FORM**

Totally Local Companywants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

The information you provide will stay confidential, and be stored securely and limited to staff in the Human Resources Department.

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| **GENDER** |
| **Male** |  | **Female** |  | **Prefer not to say** |  |  |

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| --- | --- | --- |
| **SEXUAL ORIENTATION** | **Prefer Not to Say** |  |
| **Bisexual** |  | **Gay**  |  | **Heterosexual** |  | **Lesbian** |  |
| **Other** |  |

|  |  |  |
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| **FAITH/RELIGION** | **Prefer Not to Say** |  |
| **Buddhist** |  | **Christian** |  | **Hindu** |  | **Jewish** |  |
| **Muslim** |  | **Sikh** |  | **None** |  |  |
| **Other faith/religion, please specify** |  |

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| **DISABILITY** |
| *A disabled person is defined under the Equality Act 2010 as someone with a ‘physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day activities.’ Do you consider yourself to be disabled under the Equality Act 2010?* |
| **Yes** |  | **No** |  |  |
| *Candidates who have declared themselves as disabled will be identified before the shortlisting stage to ensure that candidates with disabilities who meet the essential requirements of the job can benefit from Totally Local Company’s guaranteed interview scheme. This scheme forms part of the Totally Local Company’s policy on employment opportunities for people with disabilities. No other information from the monitoring form will be considered in any way during the appointment process. In the space below please provide details of anything you wish to bring to our attention.* |
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| **ETHNICITY** | **Prefer Not to Say** |  |
| *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** |
| **British** |  | **Irish** |  |  |
| **Any other white background, please specify** |  |
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| **Mixed/Multiple Ethnic Groups** |
| **White and Black Caribbean** |  | **White and Black African** |  |  |
| **White and Asian** |  |  |
| **Any other mixed/multiple background, please specify** |  |
|  |
| **Asian/Asian British** |
| **Indian** |  | **Pakistani** |  | **Bangladeshi** |  |  |
| **Any other Asian/Asian British background, please specify** |  |
|  |
| **Black/Black British** |
| **African** |  | **Caribbean** |  |  |
| **Any other Black/Black British background, please specify** |  |
|  |
| **Other Ethnic Group** |
| **Any other Ethnic Group, please specify** |  |

**DISCLOSURE OF INFORMATION**

We must protect the public funds we handle and so we may use the information you provide on this form to prevent and detect fraud. We may also share this information for the same purposes with other organisations that handle public funds. This will only apply if you become an employee.

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| **Contacts Within Totally Local Company – Canvassing will result in disqualification** |
| *Are you related to, or the partner of:* |
| **Any director of Totally Local Company?** | **Yes** |  | **No** |  |
| **Any employee of Totally Local Company?** | **Yes** |  | **No** |  |
| **If yes, please provide details below:** |
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| **Dismissal** |
| **Have you ever been dismissed from any previous employment?** | **Yes** |  | **No** |  |
| **If yes, please provide details below:** |
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| **Disclosure Of Criminal Convictions** |
| *Please give details of any unspent criminal convictions in line with the rehabilitation of offenders act including date of conviction and sentence imposed* |
|  |
| * *I confirm that the information supplied by me in this form is complete and correct to the best of my knowledge*
* *I understand that any false information, any relevant omission or misleading statements may disqualify me from employment or result in my dismissal*
 |
| **Print Name** |  |
| **Signature** |  |
| **Date** |  |

**EXEMPTION UNDER THE REHABILITATION OF OFFENDERS ACT**

**ONLY COMPLETE THIS FORM FOR JOBS THAT REQUIRE DISCLOSURE AND BARRANCE CLEARANCE, IF THIS IS REQUIRED IT WILL BE STATED WITHIN THE ADVERT.**

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| **Job Details** |
| **Job Title** |  |

The Rehabilitation of Offenders Act (Exemptions) Order 1975 applies to this post.

PLEASE NOTE: A signature is required even if you have nothing to declare.

This means that you must disclose ALL criminal conviction’s (including those defined as spent under the Rehabilitation of Offenders Act), cautions, reprimands, final warnings, motor offences and nay other information that may have a bearing on your suitability for the post, such as if your suitability to work with children or vulnerable adults has ever been questioned.

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| **Nature Of Convictions/Reprimands/Cautions/Final Warnings Or Other Relevant Information** |
| **Dates** | **Details** |
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| **Outstanding Cases** |
| **Do you have any outstanding cases waiting to be heard?** | **Yes** |  | **No** |  |
| **If yes, please provide details below, including dates (if known)** |
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| **Declarations** |
| * *I confirm that the information supplied by me in this form is complete and correct to the best of my knowledge*
* *I understand that any false information, any relevant omission or misleading statements may disqualify me from employment or result in my dismissal*
 |
| **Print Name** |  |
| **Signature** |  |
| **Date** |  |