



North

Yorkshire County Council

Children and Young People's Service

### 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"/>

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

- 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"/>		
- Gender: Male  Female
- Age:
 

Under 18	<input type="checkbox"/>	18 - 24	<input type="checkbox"/>	25 - 34	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>	45 - 55	<input type="checkbox"/>	Over 55	<input type="checkbox"/>
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- 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"/>				
- Do you consider yourself to have a disability? Yes  No
- Are you currently employed by NYCC? Yes  No
- Are you applying under the New Deal Initiative? Yes  No
- Are you applying as a claimant of:
 

Incapacity Benefit	<input type="checkbox"/>	Carers Allowance for people on IB	<input type="checkbox"/>	Neither	<input type="checkbox"/>
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