

Iminster Town Council  
Equalities Monitoring Form



We collect this information to build an accurate understanding of the communities we serve, our staff and our volunteers so that our policies and services can be delivered to meet needs. This form will be separated from your job application upon receipt and will not be used as part of the selection process.

Please feel free to leave answers blank if you do not wish to respond.

**1. Please describe your gender identity.** (Please tick the appropriate box)

Male  Female  Prefer Not To Say

**2. Is your gender identity the same as the gender you were assigned at birth?**

(Please tick the appropriate box)

Yes  No  Prefer Not To Say

**3. How old are you?** (Please tick the appropriate box)

0-17  18-24  25-34

35-49  50-64  65-74

75+  Prefer Not To Say

**4. Do You consider yourself to have a disability?** (Please tick the appropriate box)

Yes  No  Prefer Not To Say

If yes please tick the appropriate box(es)

Mental Health  Physical Disability

Hearing Impairment  Learning Disability

Sight Impairment  Other

**5. What is your religion or belief?** (Please tick the appropriate box)

None  Christian  Hindu  Buddhist

Muslim  Sikh  Jewish  Baha'i

Prefer not to say  Any other (please write in )

6. How would you describe your ethnic origin? (Please tick one box only)

(A) White British

(B) Mixed / Multiple Ethnic background

(C) Asian or Asian British

(D) Black or Black British

(E) Other ethnic group (please state)

(F) Prefer not to say