



EQUAL OPPORTUNITIES MONITORING FORM

CONFIDENTIAL PERSONAL DETAILS

TITLE:	FORENAMES: KNOWN AS:	SURNAME:
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH:	N.I. NO:
ADDRESS:	TELEPHONE DAY:	
	TELEPHONE EVE:	
	MOBILE:	
	FAX:	
POSTCODE:	EMAIL:	

GENERAL INFORMATION

ARE YOU RELATED TO, OR A CLOSE FRIEND OF, ANY MEMBER OR OFFICER OF THE SPORTS COUNCIL FOR WALES?
IF YES, PLEASE STATE THE NAME, RELATIONSHIP AND, IF APPLICABLE, THE DEPARTMENT IN WHICH HE/SHE IS EMPLOYED

YES/NO
.....

HAVE YOU EVER BEEN CONVICTED AS A RESULT OF CRIMINAL PROCEEDINGS?
IF YES, PLEASE GIVE DETAILS OF THE OFFENCE, INCLUDING THE DATE AND SENTENCE

YES/NO
.....

YOU ARE NOT REQUIRED TO GIVE ANY INFORMATION ON 'SPENT' CONVECTIONS UNDER THE REHABILITATION OF OFFENDERS ACT 1974 UNLESS THE POST IS EXEMPT. FAILURE TO DISCLOSE CONVICTIONS COULD RESULT IN DISCIPLINARY ACTION OR DISMISSAL

HOW MANY DAYS HAVE YOU LOST FROM WORK IN THE PAST 2 YEARS AS A RESULT OF SICKNESS?
_____ DAYS

PLEASE PROVIDE DETAILS
.....

ARE YOU WELSH SPEAKING? YES/NO
IF YES, FLUENT/ADEQUATE (Please delete as appropriate)

POST FORM TO

COMPLETED FORM TO BE RETURNED TO:
THE ADDRESS GIVEN IN THE COVERING LETTER

EQUAL OPPORTUNITES

APPLICANTS ARE REQUIRED TO TICK THE RELEVANT BOXES BELOW TO ENABLE THE COUNCIL TO MONITOR ITS EQUAL OPPORTUNITY POLICY. MONITORING IS RECOMMENDED BY THE CODES OF PRACTICE FOR THE ELIMINATION OF DISCRIMINATION ON THE GROUNDS OF SEX, MARITAL STATUS, RACE AND DISABILITY. THIS INFORMATION IS USED FOR NO OTHER PURPOSE AND WILL BE TREATED AS CONFIDENTIAL

ETHNIC GROUP

	<p>WHAT IS YOUR ETHNIC GROUP?</p> <p>CHOOSE ONE SECTION FROM A TO E, THEN TICK THE APPROPRIATE BOX TO INDICATE YOUR CULTURAL BACKGROUND</p>	A	<p>WHITE</p> <p><input type="checkbox"/> BRITISH</p> <p style="padding-left: 20px;"><input type="checkbox"/> ENGLISH</p> <p style="padding-left: 20px;"><input type="checkbox"/> SCOTTISH</p> <p style="padding-left: 20px;"><input type="checkbox"/> WELSH</p> <p style="padding-left: 20px;"><input type="checkbox"/> OTHER</p> <p>PLEASE WRITE IN</p> <p><input type="checkbox"/> IRISH</p> <p><input type="checkbox"/> ANY OTHER WHITE BACKGROUND</p> <p>PLEASE WRITE IN.....</p>
B	<p>MIXED</p> <p><input type="checkbox"/> WHITE AND BLACK CARRIBEAN</p> <p><input type="checkbox"/> WHITE AND BLACK AFRICAN</p> <p><input type="checkbox"/> WHITE AND ASIAN</p> <p><input type="checkbox"/> ANY OTHER MIXED BACKGROUND</p> <p>PLEASE WRITE IN.....</p>	C	<p>ASIAN, ASIAN BRITISH, ASIAN ENGLISH, ASIAN SCOTTISH OR ASIAN WELSH</p> <p><input type="checkbox"/> INDIAN</p> <p><input type="checkbox"/> PAKISTANI</p> <p><input type="checkbox"/> BANGLADESHI</p> <p><input type="checkbox"/> ANY OTHER ASIAN BACKGROUND</p> <p>PLEASE WRITE IN.....</p>
D	<p>BLACK, BLACK BRITISH, BLACK ENGLISH, BLACK SCOTTISH OR BLACK WELSH</p> <p><input type="checkbox"/> CARRIBEAN</p> <p><input type="checkbox"/> AFRICAN</p> <p><input type="checkbox"/> ANY OTHER MIXED BACKGROUND</p> <p>PLEASE WRITE IN.....</p>	E	<p>CHINESE, CHINESE BRITISH, CHINESE ENGLISH, CHINESE SCOTTISH, CHINESE WELSH OR OTHER ETHNIC GROUP</p> <p><input type="checkbox"/> CHINESE</p> <p><input type="checkbox"/> ANY OTHER BACKGROUND</p> <p>PLEASE WRITE IN.....</p>

DISABILITY

THE DISABILITY DISCRIMINATION ACT 1995 DEFINES A DISABLED PERSON AS ANYONE WITH A PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS A SUBSTANTIAL AND LONG TERM ADVERSE EFFECT UPON HIS/HER ABILITY TO CARY OUT NORMAL DAY TO DAY ACTIVITIES

DO YOU CONSIDER YOURELF TO HAVE A DISABILITY? YES/NO

IS THERE ANYTHING ABOUT YOUR HEALTH THAT AFFECTS YOUR ABILITY TO PERFORM THE JOB YOU ARE APPLYING FOR? YES/NO

(This does not automatically exclude you but we need further information)

IF YES, PLEASE EXPLAIN:

MEDIA ANALYSIS

TO ASSIST WITH OUR RECRUITMENT PROCESS, PLEASE INDICATE WHERE YOU FIRST LEARNED OF THIS VACANCY

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE ALL SECTIONS FULLY-
C.V.'s WILL NOT BE ACCEPTED

JOB DETAILS

POST APPLIED FOR :	
LOCATION:	

REASON FOR APPLYING

PLEASE USE THIS SECTION TO TELL US WHY YOU ARE INTERESTED IN THIS POST, WHAT SKILLS AND EXPERIENCE YOU HAVE AND HOW YOU MEET THE POINTS IN THE PERSON SPECIFICATION

Please continue on a separate sheet if necessary

CURRENT OR LAST EMPLOYMENT

JOB TITLE:	EMPLOYER:
DATE STARTED;	ADDRESS:
LEAVING DATE:	
SALARY:	
BENEFITS:	TELEPHONE NO:
REASON FOR LEAVING:	LINE MANAGER NAME:
NOTICE PERIOD:	LINE MANAGER POSITION:
DUTIES AND RESPONSIBILITIES:	
PERIOD OF NOTICE REQUIRED BY CURRENT EMPLOYER:	

EMPLOYMENT HISTORY

List all your employment history starting with your previous post.
Please explain any gaps.

DATES (FROM/TO)	EMPLOYER AND LOCATION	POSITION HELD AND BRIEF DESCRIPTION OF RESPONSIBILITIES	REASON FOR LEAVING
Please continue on a separate sheet if necessary			

EDUCATION

SECONDARY SCHOOL	QUALIFICATIONS AND LEVELS ACHIEVED

COLLEGE OR UNIVERSITY	QUALIFICATIONS AND LEVELS ACHIEVED

COURSES	QUALIFICATIONS

MEMBERSHIP OR PROFESSIONAL OR TECHNICAL ASSOCIATIONS

NAME OF ASSOCIATION OR BODY	MEMBERSHIP GRADE	MEM. BY EXAM/AFFILIATION	MEM. NO.

ADDITIONAL INFORMATION

USE THIS SECTION TO PROVIDE FURTHER INFORMATION TO SUPPORT YOUR APPLICATION.
(This should include work related achievements from previous employment plus personal experiences, education, hobbies or voluntary work if applicable.)

DRIVING LICENCE

- DO YOU HOLD A CURRENT FULL VALID DRIVING LICENCE TO DRIVE A CAR (CATEGORY B)?
YES/NO
- DO YOU HAVE ACCESS TO A CAR?
YES/NO
- WHERE THE POST REQUIRES DRIVING MINIBUSES AND TRACTORS, PLEASE STATE ALL THE CATEGORIES THAT ARE COVERED ON YOUR DRIVING LICENCE
.....

CURRENT/LAST EMPLOYER/COLLEGE**REFERENCES**

NAME	ADDRESS/DEPARTMENT	TEL NO/ EMAIL ADDRESS
1		

PREVIOUS EMPLOYER

NAME	ADDRESS/DEPARTMENT	TEL NO/ EMAIL ADDRESS
2		

DATA PROTECTION

ALL OR PART OF THE INFORMATION PROVIDED ON THIS FORM MAY BE HELD ON A COMPUTER OR IN A FORM WHICH MAKES IT SUBJECT TO THE DATA PROTECTION ACT. BY COMPLETING THIS FORM YOU GIVE YOUR CONSENT TO THE ABOVE DATA BEING HELD AND PROCESSED BY THE SPORTS COUNCIL FOR WALES FOR EQUAL OPPORTUNITIES MONITORING PURPOSES AND IN ACCORDANCE WITH THE SPORTS COUNCIL FOR WALES' REGISTRATION UNDER THE DATA PROTECTION ACT 1998.

SIGNATURE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED ON THIS APPLICATION FORM IS TRUE AND CORRECT. SOME OF THE DATA ON THIS FORM MAY BE HELD ON COMPUTER OR IN A FORM WHICH MAKES IT SUBJECT TO THE DATA PROTECTION ACT. BY COMPLETING THIS FORM I GIVE MY CONSENT TO THE ABOVE DATA BEING HELD AND PROCESSED BY THE SPORTS COUNCIL FOR WALES FOR EQUAL OPPORTUNITIES MONITORING PURPOSES.

Signature..... Date.....

**CUSTOMER SATISFACTION SURVEY
(TO BE RETURNED WITH APPLICATION FORM)**

To assist us in monitoring our recruitment processes, it is essential that you return this survey. This information is confidential, so you do not need to provide your name. Thank you for your assistance.

Which post have you applied for: _____

1. Please specify how you applied for an application pack:

- | | |
|--|--|
| <input type="checkbox"/> Downloaded from Sports Council Website* | <input type="checkbox"/> Recruitment Hotline |
| <input type="checkbox"/> Email | <input type="checkbox"/> In Person |
| <input type="checkbox"/> Other (Please state) _____ | <input type="checkbox"/> Telephone |

* Please go to question 4

2. If you requested the application pack by telephone, how helpful were the staff in dealing with your request?

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Very helpful | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Very poor |
| <input type="checkbox"/> Acceptable | |

2.1 If you answered poor/very poor, please explain:

3. If you requested a pack by any other means apart from Sports Council website, how many days did your application take to arrive?

- | | |
|----------------------------|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> Other (please state) |

4. Did the application pack provide enough information about the job and the organisation?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

4.1 If no what other information would you have liked to be included?

5. Please rate the overall standard of the application pack:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very poor |
| <input type="checkbox"/> Fair | |

5.1 If you answered Poor/Very Poor to question 5, please explain:
