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| Operational Recruitment Monitoring Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Help us to help you**  Norfolk Fire and Rescue Service is committed to achieving fairness and equality in employment judging candidates solely on their skills and ability to do their job and working towards a workforce which represents the population of Norfolk. The following information helps us identify the groups we are attracting applications from, and assists in workforce planning, including recruiting and training future workforce entrants  To help us monitor the reality of our diversity policy please complete this monitoring form.  We cannot assess the effectiveness of our policy without it.  The information supplied in this section is strictly confidential and does not form part of your application and will be accessed by authorised members of the HR team only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Post title** | | | |  | | | | | | | | | | | | | | | | | **Station Name** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you currently employed by Norfolk County Council? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | |  | | | | No | |
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| First name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Surname | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Gender** | | |  | | | Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Female | | | | | | | | | | | | | | | | |
|  | | |  | | | Living in a gender that is different from the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Prefer not to disclose | | | | | | | | | | | | | | | | |
| one assigned at birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you have a gender recognition certificate, please select the gender on the certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nationality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | British | | | |  | | | | | | | Bulgarian | | | | |  | | | | | Hungarian | | | | | | | | | | |  | | | | | | | Indian | | | | | | | | | | | | | | | | | |
|  | Latvian | | | |  | | | | | | | Lithuanian | | | | |  | | | | | Polish | | | | | | | | | | |  | | | | | | | Portuguese | | | | | | | | | | | | | | | | | |
|  | Australian | | | |  | | | | | | | South African | | | | |  | | | | | American | | | | | | | | | | |  | | | | | | | Prefer not to disclose | | | | | | | | | | | | | | | | | |
|  | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you feel the choices do not provide a suitable option please write how you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| would describe your nationality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Country of birth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Britain | | | | | | | | |  | | | | Bulgaria | | | |  | | | | | | | Hungary | | | | | | | | | | |  | | | | | | | India | | | | | | | | | | | | | |
|  | Latvia | | | | | | | | |  | | | | Lithuania | | | |  | | | | | | | Poland | | | | | | | | | | |  | | | | | | | Portugal | | | | | | | | | | | | | |
|  | Australia | | | | | | | | |  | | | | South Africa | | | |  | | | | | | | America | | | | | | | | | | |  | | | | | | | Prefer not to disclose | | | | | | | | | | | | | |
|  | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you feel the choices do not provide a suitable option please write how you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| would describe your country of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date of Birth** (dd/mm/yy) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Religion/Belief** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Buddhist | | | | | | | | |  | | | | Hindu | | | | | |  | | | | | | | | Muslim | | | | | | | |  | | | | | | | No religion | | | | | | | | | | | | | |
|  | Christian | | | | | | | | |  | | | | Jewish | | | | | |  | | | | | | | | Sikh | | | | | | | |  | | | | | | | Prefer not to disclose | | | | | | | | | | | | | |
|  | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you feel the choices do not provide a suitable option please write how you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| would describe your religion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Marital Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Single | | | | | | | | |  | | | | Cohabiting | | | | | |  | | | | | | | | Married | | | | | | | |  | | | | | | | Civil Partnership | | | | | | | | | | | | | |
|  | Separated | | | | | | | | |  | | | | Divorced | | | | | |  | | | | | | | | Widowed | | | | | | | |  | | | | | | | Prefer not to disclose | | | | | | | | | | | | | |
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| **Your Sexual Orientation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Bisexual | | | | | |  | | | | | | | Gay man | | | | |  | | | | | | | Heterosexual | | | | | | | |  | | | | | | | | Prefer not to disclose | | | | | | | | | | | | | | |
| /lesbian woman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Your Ethnic Origin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | British | | | | | | | | |  | | | | European | |  | | | | | | | Gypsy/Roma | | | | | | | | | | | | |  | | | | | | | Irish | | | | | | | | | | | | | |
|  | Traveller/ | | | | | | | | |  | | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Irish Heritage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mixed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | White and | | | | | | | | |  | White and | | | | |  | | | | | | | | White and black | | | | | | | | | | | |  | | | | | | | Other | | | | | | | | | | | | | |
| Asian | | | | | | | | | | | black Caribbean | | | | | | | | | | | | | African | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Asian or Asian British** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Indian | | | | | | |  | | | | | Bangladeshi | | |  | | | | | | | | | | Pakistani | | | | | | | | | |  | | | | | | | Other | | | | | | | | | | | | | |
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| **Black or black British** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Caribbean | | | | | | | | |  | | | African | | |  | | | | | | | | | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other ethnic background** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Chinese | | | | | | | |  | | | | Arab | | |  | | | | | | | | Other | | | | | | | | | | |  | | | | | | | | Prefer not to disclose | | | | | | | | | | | | | |
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| If you feel that none of the above choices provides a suitable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| option please write how you would describe your ethnic origin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Your Disabled Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consider yourself to have a disability as defined by the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | |  | | | No | | |
| Equality Act 2010? (see Appendix 1 with the Application Form  Part 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I may require reasonable adjustments to be implemented \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | |  | | | | No | |
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| **Information about arrangements to discuss reasonable adjustments**  A member of the HR team will then contact you to discuss any issues or concerns you may have. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | |  | | | |  | | | | |  | | | | |