WEST DUNBARTONSHIRE COUNCIL

EQUAL OPPORTUNITIES MONITORING FORM-CONFIDENTIAL

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POLICY INTRODUCTION: All applications will be treated fairly and confair treatment. The Council encourages ap			and everyor	ne will receive
To help the Council monitor its Equal Opporeturn the completed form with your applicationm and used for statistical and monitoring	ation form. This	s information will be kept separate f	juested bel rom your a	ow, and pplication
Thank you for your co-operation.				
Post:		Post Ref No:		
To complete form insert appropriate nu	mber at each s	ection.		
(1) GENDER: Are you		(4) AGE: Are you		
		Aged Under 16	1	
Female ₁		16 to 24	2 3	
Male 2		25 to 29	4	
		30 to 39	5	<u> </u>
		40 to 49 50 to 59	6	
		60 to 74	7	
		75+	8	
		10.		
(2) DISABILITY: Are you a disabled person?		(5) RESPONSIBILITY FOR CAR (Outline your responsibility for		
		, , , , , , , , , , , , , , , , , , , ,	•	
Yes 1		Children Yes	1 2	
No 2		No	2	
		Fldadi Danadanta Vas	1	
		Elderly Dependants Yes No	2	
		611 5 1 1 1	1	
		Other Dependants Yes With Disability No	1 2	
(3) ETHNIC GROUP: Are you				
White Scottish 1				
Other White British 2				
White Irish 3				
Other White 4				
Asian Scottish 5				
Indian 6				
Pakistani 7				
Bangladeshi 8				
Other Asian 9 Chinese 10				
Black Scottish 11				
Caribbean 12				
African 13				
Other Black 14				
Any Mixed Background 15				
Gypsy Traveller 16				
Other Ethnic Group (specify) 17				
= 1 Mark Dank	anto nobile Ce	unail amplayage arby		
To be completed by existing West Dunbartonshire Council employees only: Compared with your present post, would you view this application as "applying for promotion"?				
Yes	No			

			APPENDIX 2
PER GP/1/01		CONFIDENTIAL	
GRIEVANCE PROCEI	DURES		
NOTIFICATION OF GRIEN	/ANCE API		West Dunbartonshire Council
Note: Complete all sections use this form contact your departme process is free from discriminating attached.	ntal Personnel	Services section. In	order to ensure that this
EMPLOYEE DETAILS:			
Name:		Department:	
N. I. No.		D.O.B.	
Designation:		Grade/Rate of Pay	:
Work Location:		Contact Tel No:	
Home Address		<u> </u>	_
Name of Trade Union:	LS:	Name of TU Rep.	
Trade Union: Contact Address For TU Rep:		Contact No For TU Rep:	
тогто тер.			
STAGE OF APPEAL:			
STAGE 1 – Immediate Supervis	ог		
STAGE 2 – Head of Departmen	t		
STAGE 3 – Head of Personnel 3 Council Offices Garshake Road Dumbarton G82 3PU	Services		
GRIEVANCE CATEGO	DV: Tick a	nnronziate ca	legon/
Allowances		ditions of Service/Pay	
Dignity/Bullying & Harassment		ruitment/Redeployme	
Special Leave	Trai	ning/Development iss	sues 📗
Working Environment	□ Wor	king Hours/Flexible V	Vorking
	Con	tractual Issue	

Other (please specify)

DETAILS OF GRIEVANCE/CO	OMPLAINT/CONCERN	
- N		
		F-1 - 140-F-14-3
		W1 - 1 - Miles - A - 1 A

		AA-A-L
STAGE 1:		
Date Stage 1 Raised	Name of Manage Raised with:	er
What answer was provided at	Stage 1:	· · · · · · · · · · · · · · · · · · ·
- MAN-		
1904-191	and the transfer or an analysis of the transfer or an analysis	
		
STAGE 2:		
Date Stage 2	Date of Stage 2	
Submitted	Hearing	
What answer was provided at	Stage 2	
·		
- 10 th 10 t		4
Manager	Date notified of	
Dealing with Stage 2	outcome	

can be resolved	OUGHT: Please indic	ate how	you consider this
		······································	
	, s.,		
	M-4-17-17-17-17-17-17-17-17-17-17-17-17-17-		
STAGE 3 SUBMISSIONS: Ple form	ase indicate submis	sions atta	iched with this
Notification of Outcome of Stage 2			
Monitoring Form			
1. Specify any other attachments			
2.			
3.			
	'ES/NO		
3.Has an ET1 form been lodged? YAre you likely to lodge an ET1 form			
Has an ET1 form been lodged? Y	YES/NO	DATE	
Has an ET1 form been lodged? Y Are you likely to lodge an ET1 form	YES/NO	DATE	

WEST DUNBARTONSHIRE COUNCIL

EQUAL OPPORTUNITIES MONITORING FORM-CONFIDENTIAL

involved in either discipline or grievance procedures. In an issue for any particular group or category of employ. This information will be treated as confidential and discipline and grievance procedures. The form sho pass it to your departmental Personnel Section for	the ways to achieve this is by monitoring employees who are information will be collated to identify whether discrimination is ee will be used only to provide a statistical profile of bulld be completed and passed to your Manager who will
Thank you for your co-operation.	
Discipline Procedures:	Grievance Procedures:
Issued by Disciplining Officer	Submit with Form PER/GP/1/01
To complete form insert appropriate number at eac	
(1) GENDER: Are you Female 1 Male 2	(4) AGE: Are you Aged Under 16 16 to 24 25 to 29 30 to 39 40 to 49 50 to 59 60 to 74 75+ 8
(2) DISABILITY: Are you a disabled person?	(5) RESPONSIBILITY FOR CARE (Outline your responsibility for care)
Yes 1 No 2	Children Yes 1 No 2 Elderly Dependants Yes 1 No 2 Other Dependants Yes 1 With Disability No 2
White Scottish Other White British Other White British Other White White Irish Other White Asian Scottish Indian Pakistani Pakistani Other Asian Other Asian Other Asian Other Black African Other Black Any Mixed Background Other Ethnic Group (specify) Date Completed:	