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| **MONITORING REFERENCE**  | HMRC1920-03 \_ \_ \_ *(for official use only)*  |

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| **EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE** |
| **Introduction**We are an Equal Opportunities Employer. We do not discriminate against our job applicants or employees and we aim to select the best person for the job. We monitor the community background and gender of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the Fair Employment and Treatment (NI) Order 1998 and Section 75 of the Northern Ireland Act (1998).You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions, your answers will be used by us to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards, your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.Any monitoring information which you provide will be treated in strictest confidence.  |
| How did you hear about this vacancy? |   |
| National Insurance number |

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| **Age** |
| What is your date of birth? |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |  |   |   |   |   |  |  |  |
| Day |  | Month |  | Year |

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| **Community Background** |
| Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by selecting the appropriate option. | [ ]  I am a member of the Protestant community |
| [ ]  I am a member of the Roman Catholic community |
| [ ]  I am a member of neither the Protestant or Roman Catholic communities |
| **Gender** |
| Please indicate your gender: |  [ ]  Male | [ ]  Female |
| **Racial Group**Please state your country of birth: My country of birth is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please state your nationality:My nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please indicate which of the following applies to you:

|  |  |  |
| --- | --- | --- |
| White |[ ]   | Chinese |[ ]
| Irish Traveller |[ ]   | Indian |[ ]
| Pakistani |[ ]   | Bangladeshi |[ ]
| Black Caribbean |[ ]   | Black African |[ ]
| Black Other |[ ]   |  Other (see below) |[ ]

Mixed ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any other ethnic group (please state which): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Political Opinion**  | [ ]  Unionist Generally |
| [ ]  Nationalist Generally |
| [ ]  Other |
| [ ]  I do not wish to answer this question |
| **Marital Status** |
| Are you married or in a civil partnership? | [ ]  Yes | [ ]  No |
| **Disability** |  |
| Under the Disability Discrimination Act 1995 you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection. Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.  |
| Do you consider yourself to be disabled as set out under the Disability Discrimination Act? | [ ]  Yes  | [ ] No |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other' and specify the type of impairment. | [ ]  Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches |  |
|  [ ]  Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment |  |
| [ ]  Mental health condition, such as depression or schizophrenia |  |
|  [ ]  Learning disability/difficulty,(such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder) |  |
|  |  [ ]  Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy |  |
| [ ] Other |  |
| If Other (please specify):  |
|  |   |
| **Sexual Orientation**  |
| My sexual orientation is towards someone |
|  [ ]  Of the same sex (this covers gay men and lesbians) |  [ ]  Of a different sex (this covers heterosexual men and women) |
|  [ ]  Of the same sex or of the opposite sex (this covers bisexual men and women) |  [ ]  If Other (please specify): |
| **Dependants:** |  |
| Do you have personal caring responsibility for the care of? |  [ ]  A child or children |
|  [ ]  A person with a disability |
|  [ ]  A dependant older person |
|  [ ]  None of the above |