



For office use only

Job Reference No	2601SP
Applicant Reference No	

EQUAL OPPORTUNITIES MONITORING INFORMATION

PLEASE ENSURE THAT YOU COMPLETE THIS EQUAL OPPORTUNITIES MONITORING FORM UNLESS YOU HAVE OPTED OUT ON THE APPLICATION FORM

Access to this information will be strictly controlled and will not be available to those considering your application for employment. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be available for any purpose other than equal opportunities monitoring.

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 sex 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 & 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. Only the Monitoring Officer involved in compiling monitoring reports can view monitoring data.

AGE	
Please state your date of birth:	
DATE OF BIRTH	

Note: If you answer these questions about community background and gender, you are obliged to do so truthfully, as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.

Please tick the appropriate box

GENDER
Please indicate your gender by selecting the appropriate option

Are you	Female		Male		
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MARITAL STATUS / CIVIL PARTNERSHIP STATUS
Please indicate whether you are married or in a civil partnership by ticking the appropriate box below:

Are you	In Civil Partnership		Dissolved Civil Partnership		Married		Separated	
	Single		Widowed		Divorced			

DEPENDENT / CARING RESPONSIBILITIES
Do you have personal caring responsibilities for the care of:

A child or children		A person or person(s)		An elderly person or person(s)		None	
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COMMUNITY BACKGROUND

Regardless of whether they actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

If you do not answer the below question, or if you select the "Non-determined" option, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.

Please indicate the community to which you belong by selecting the appropriate option:

Non-determined	
Protestant	
Roman Catholic	

RACIAL GROUP Please Indicate which Group you belong:			
Bangladeshi		Black African	
Black Caribbean		Black Other	
Chinese		Indian	
Irish Traveller		Mixed Ethnic Group	
Other Ethnic Group		Pakistani	
White			
If 'Mixed Ethnic Group', please specify			
If 'Other Ethnic Group', please specify			

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 that you are a disabled person?	YES		NO
If you answered "yes", please indicate the nature of your impairment by selecting the appropriate box or boxes below:			
Physical impairment (i.e. using a wheelchair or crutches or difficulty using arms)		Sensory Impairment (i.e. being blind/deaf or having a serious visual or hearing impairment)	
Mental Health condition (i.e. depression or schizophrenia)		Learning disability/difficulty (i.e. Down's syndrome/dyslexia or cognitive impairment (i.e. autism))	

Long-standing health condition (i.e. cancer, HIV, diabetes, chronic heart disease or epilepsy)		Other	
If 'Other' please state			

SEXUAL ORIENTATION Please indicate your sexual orientation by ticking the appropriate option below:			
I am bisexual		I am heterosexual	
I am homosexual			

NATIONALITY			
My Nationality is:			
British		Irish	
Northern Irish		Other	
If 'Other', please specify			
If 'Dual', please specify			

RELIGIOUS BELIEF			
What is your religious belief?			
Buddhist		Hindu	
Jewish		Muslim	
None		Other	
Other Christian		Protestant	
Roman Catholic		Sikh	

POLITICAL OPINION			
What is your political opinion?			
Nationalist		None	
Other		Prefer not to say	
Unionist			