

EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE
Guidance notes are on the reverse of this form

NATIONAL INSURANCE NUMBER – please specify: _____

AGE: - Please enter your date of birth (dd/mm/yyyy): _____

SEX: - I am: Male Female

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. Please indicate the community to which you belong by ticking the appropriate box below:

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 Community

DISABILITY:

I have:

No disability

A physical impairment, such as difficulty using arms or mobility requiring a wheelchair/crutches.

A sensory impairment, such as blind/visual impairment or deaf/hearing impairment

A mental health condition, such as depression or schizophrenia

A learning disability, such as Down's Syndrome, dyslexia, or cognitive impairment such as autism

A long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Other _____

MARITAL STATUS

I am: Single (never married) Married (living with spouse) Married (separated)

 Civil partnership (same sex) Divorced Widowed

 Other _____

RACE, COLOUR OR ETHNIC/NATIONAL ORIGINS:

I am:

 White Chinese Irish Traveller Indian Pakistani Bangladeshi

 Black Caribbean Black African Black Other _____

 Mixed ethnic group _____ Other _____

NATIONALITY - Please specify: _____

DEPENDANTS/CARING RESPONSIBILITIES:

Please indicate if you have dependants or persons you have caring for (if anyone):

 No dependants or caring responsibilities Child or children Disabled person(s)

 Elderly person(s) Other: _____

SEXUAL ORIENTATION:

My sexual orientation is towards:

Persons of a different sex to me, I am a heterosexual man or woman

Persons of the same sex as me, I am a gay man or lesbian

Persons of both sexes, I am a bisexual man or woman

DO NOT SEPARATE THIS FORM FROM THE JOB APPLICATION FORM

GUIDANCE AND SUMMARY OF THE EQUAL OPPORTUNITIES POLICY

We are an Equal Opportunities employer. We aim to provide equality of opportunity to all persons regardless of their religious belief, political opinion, sex, race, age, sexual orientation, pregnancy or maternity related issues or, whether they are married or in a civil partnership; or whether they are disabled, or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this questionnaire we are asking you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information which you provide will assist us in measuring and developing the effectiveness of our equal opportunities policy and to develop any affirmative action policies.

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. Please tick this box if this is your preference so that we know not to send a reminder questionnaire.

Nevertheless, we encourage you to answer the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire.

