

## EQUAL OPPORTUNITIES MONITORING

We are an Equal Opportunities Employer. We will not discriminate unfairly against any individual on the grounds of perceived religious or political affiliation, sexual orientation, gender reassignment, marital status, age, civil partnerships, having or not having dependents, disability, colour, race or ethnic or national origins, or membership of the Irish Traveller community. We practice equality of opportunity in employment and select the best person for the job.

Under the Fair Employment Act 1989 we are required to monitor the religious background of all our employees and applicants.

The completed form should be placed in the attached envelope marked "Monitoring Officer" and the envelope sealed and returned along with the application.

Please complete or delete the appropriate information:

### **Personal Details**

Vacancy Ref: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Gender** Male / Female

**Religious Background** Catholic / Protestant / Neither

*If you do not answer the above question, we are encouraged to use the residuary method if 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.*

### **Ethnic Origin**

Please state your nationality: \_\_\_\_\_

(Please circle the description with best describes the ethnic group to which you belong):

White                      Irish Traveller                      Pakistani                      Chinese                      Indian

Bangladeshi                      Black Caribbean                      Black African                      Black Other

Mixed ethnic group (please state which): \_\_\_\_\_

Any other ethnic group (please state which): \_\_\_\_\_

**Disability**

Under the *Disability Discrimination Act 1995*, a person is deemed to be disabled if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Please note it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider that you are a disabled person?      Yes    /    No

**If you have answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment**, such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches:

**Sensory impairment**, such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment:

**Mental health condition**, such as depression or schizophrenia:

**Learning disability or difficulty**, such as Down’s Syndrome or dyslexia, or **Cognitive impairment**, such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**, such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease:

**Other** (please specify):

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*NB: If your disability means that you require any adjustments to be made, please ensure that you have detailed these on your application form, so we can accommodate your needs.*

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