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| **MONITORING REFERENCE** | ITS/04/23 |

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| **Monitoring** |
| **Equal Opportunities Monitoring Information** |
| 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; or, whether they are married or are 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 will ask you to provide us with some personal information about yourself. We are doing this for two reasons.  Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.  Secondly, we also monitor the community background and sex of our job applicants and employees in order to comply with our duties under the Fair Employment & Treatment (NI) Order 1998.  You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to.  Nevertheless, we encourage you to answer the questions below. Your identity will be kept anonymous and 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, the form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name. |

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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.** | Protestant Community  Roman Catholic Community  Non-determined |

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| **Gender** | |
| 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 indicate your gender by selecting the appropriate option.** | Male  Female |

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| **Age** | |
| Please state your date of birth | |
| **Date of Birth** |  |

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| **Racial Group** | | |
| **Please indicate which of the following applies to you.** | White    Chinese  Irish Traveller  Indian  Pakistani  Bangladeshi | Black Caribbean  Black  African  Black  Other  Mixed ethnic  group  Other ethnic  group |
| **If ‘Other’, please specify.** |  |  |

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| **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 |

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| **Disability continued** | |
| **If you answered ‘Yes’, please indicate the nature of your impairment by selecting the appropriate box or boxes.** | Physical impairment  Sensory impairment  Mental health condition  Learning disability or difficulty  Long-standing or progressive  Illness or health condition  Other |
| **If ‘Other’, please state.** |  |

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| **Sexual Orientation** |
| Please indicate your sexual orientation by ticking the appropriate option below. |
| I am hetrosexual  I am homosexual  I am bisexual  Other |

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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. | |
| Married  Civil Partnership  Separated  Divorced | Dissolved Civil Partnership  Single  Widowed  Other |
| **If ‘Other’, please state.** |  |

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| **Dependants/Caring Responsibilities** | |
| **Do you have dependants, or caring responsibilities for family members or other persons?** | Yes, I have dependents  No, I do not have dependents |
| **If you answered ‘Yes’, are your dependents or the people you look after?**  **(Please tick appropriate box or boxes)** | A child or children  A disabled person or persons  An elderly person or persons  Other |
| **If ‘Other’, please state.** |  |

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| **How You Heard of Vacancy** | |
| **How did you hear of vacancy?** | Newspaper  Website  Other |
| **If ‘Newspaper’, ‘Website’ or ‘Other’, please specify.** |  |

Thank you for taking the time to complete

this monitoring information.