|  |
| --- |
| Ref No: Casual/Bank CB/08/17 |

**ARK HOUSING**

**Equal Opportunities Questionnaire**

The information provided on this form will be removed by our monitoring officer prior to consideration of your application. Ark Housing Association NI Ltd. is a Fair Employer and is committed to providing equality of opportunity to all candidates regardless of community background, sex, marital status, disability, race or religion.

In order to demonstrate its commitment to equality of opportunity and meet its obligations under Fair Employment legislation the Association is required to monitor the religious affiliation and sex of all job applicants.

The information you are asked to supply will be treated in strictest confidence and protected from misuse. It will not be available to anyone making decisions about your application and will be used for monitoring purposes only.

PLEASE COMPLETE THE FOLLOWING SECTIONS: TICK BOXES AS APPROPRIATE.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | SEX:  | *Male* |  | *Female* |  |
|  |  |  |  |  |  |  |  |
| 2. | MARITAL STATUS: | *Single* |  | *Married* |  | *Widowed* |  |
|  |  |  |  |  |  |
|  |  | *Divorced* |  | *Other* |  |
| 3. Fair Employment Monitoring:Regardless of whether we practice our religion, most of us in Northern Ireland are seen as belonging to either the Protestant or Roman Catholic Community. We are therefore asking you to indicate your community background 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 |  |

 *It should be noted that it is an offence, under the Fair Employment (NI) Act 1989, to give false information to an employer who is seeking information from job applicants. The Association reserves the right to make a determination under the Residuary Method where applicable (Fair Employment [Monitoring] Regulations (NI) 1999).*

4. disability

Disability is defined as a physical or mental impairment which has a substantial and long term adverse effect on the individual’s ability to carry out normal day to day activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider that you have such a disability? | Yes |  | No |  |

If “Yes”, please indicate the nature of your disability by ticking the appropriate box(es).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Mobility* |  |  | *Dexterity/Co-ordination* |  |
|  |  |  |  |  |
| *Vision* |  |  | *Psychiatric/Mental* |  |
|  |  |  |  |  |
| *Hearing* |  |  | *Learning* |  |
|  |  |  |  |  |
| *Speech* |  |  | *Other* |  |
|  |  |  |  |  |
|  |  |  | Please specify: .................................... |  |

5. ETHNIC ORIGIN:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *White* |  |  | *Indian* |  |
|  |  |  |  |  |
| *Chinese* |  |  | *Black Caribbean* |  |
|  |  |  |  |  |
| *Irish Traveller* |  |  | *Black African* |  |
|  |  |  |  |  |
| *Pakistani Bangladeshi* |  |  | *Other* |  |
|  |  |  |  |  |
|  |  |  | Please specify: ................................... |  |

Please place this form separately in the envelope provided and return the sealed envelope with your application form to the Personnel Officer.

**thank you for your co-operation**