**FOYLE DOWN SYNDROME TRUST EQUAL OPPORTUNITES MONITORING FORM**

**(*In strictest confidence)***

**MENTORING COACH Application**

**1 Perceived Religious Affiliation**

 I am a member of the Protestant Community

 I am a member of the Catholic Community

 I am a member of neither the Protestant or the Catholic Community

**2 Gender**

 I am FEMALE MALE

**3 Marital Status**

 I am MARRIED SINGLE OTHER

**4 Disability**

**In line with the Disability Discrimination Act 1995, a disability is defined as “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”**

**Having read this definition do you consider yourself to have a disability?**

 YES NO

**5 Age Band**

16-20 21-30 31-40 41-50 51-60 61-65 65 +

**6 Cultural / Ethnic Origin**

 Chinese Traveller

 Indian Black/African – Caribbean

 Pakistani White

 Asian Others Other

 (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7 Other Information**

**To monitor the effectiveness of our advertising please indicate where you saw this position advertised:**

Newspaper (please state)

Training and Employment Agency Newspaper website

Other (please state)