**HR FORM: Part D**

**Employment Application:**

**Equal Opportunities Monitoring Form**

***An Equal Opportunities Employer***

***For Office Use Only***

|  |  |
| --- | --- |
| Job Reference No SC1017/0817 |  |
| Applicant Reference No |  |
| Date Received |  |

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| --- |
| **PLEASE ENSURE THAT YOU COMPLETE THIS EQUAL OPPORTUNITIES MONITORING FORM**  Access to this information will be strictly controlled and will not be available to those considering your application for employment. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be available for any purpose other than equal opportunities monitoring. |

Extern is fully committed to supporting the elimination of all forms of discrimination in employment and to using its services to help secure the objectives of fair employment, equal opportunity and good relations.

Extern selects those suitable for appointment solely on the basis of merit without regard to an individual’s religious belief, gender, disability, race, political opinion, age, marital status, sexual orientation or whether or not they have dependants.

|  |  |  |
| --- | --- | --- |
| **DATE OF BIRTH** |  |  |

Please tick the appropriate box

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENDER** | | | | | | | | | | | |
| Are you | | | Male |  |  |  | Female |  | |  |  |
| **MARITAL STATUS** | | | | | | | | | | | |
| Are you | Married |  | Single |  | Divorced |  | Separated | |  | Other |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HAVE YOU ANY CARING RESPONSIBILITY?** | | | | | | | |
| Children |  | Relative(s) |  | Other |  | None |  |

|  |  |
| --- | --- |
| COMMUNITY BACKGROUND The Fair Employment and Treatment (Northern Ireland) Order 1998 outlaws discrimination on the basis of religious belief or political opinion. The information below is required in connection with the requirements of the above Order. The use and confidentiality of Community Background information is protected by the Fair Employment and Treatment (Northern Ireland) Order 1998. It will be used only for monitoring the effectiveness of the Agency’s equal opportunity policy and to comply with obligations relating to monitoring, investigations or proceeding under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998. | |
| I have a Protestant community background |  |
| I have a Roman Catholic community background |  |
| I have neither a Protestant nor a Roman Catholic background |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 psychical 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: | |  | | --- | |  | |  | |  | |  |  |
| If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below: | | | |
|  |  |  |  |
| **Psychical 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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**Declaration: Part E**

***For Office Use Only***

|  |  |
| --- | --- |
| Job Reference No SC1017/08/17 |  |
| Applicant Reference No |  |
| Date Received |  |

1. **Warning**

Only applications that contain all the requested information including the Equal Opportunities Monitoring Form (Section 14) will be considered. Information in support of your application will not be accepted after the closing date for receipt of applications.

Before you submit your application, please ensure that you are eligible for this competition by referring to the job description and personnel specification.

Any attempt on the part of a candidate to enlist support for his/her application through any person, except as referee to be named by him/her in the application form, will disqualify him/her from consideration.

A candidate found to have given false information or wilfully to have suppressed any material fact will be liable to either disqualification or, if appointed, to dismissal.

Late applications will not be accepted.

1. **Declaration**

*The particulars given by me in this application are true and accurate to the best of my knowledge and belief. I understand that in the event that I have given false information or wilfully suppressed any material fact in this application that I am liable to either disqualification or, if appointed, to dismissal.*

My electronic signature provides the authority of the original.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |



**HR FORM: Part F**

**Employment Application: Guidance Notes**

***An Equal Opportunities Employer***

**Guidance Notes in Completing the Disability section of your equal opportunities monitoring form -** (please ensure you read this section carefully **before** completing your application form).

**INFORMATION FOR APPLICANTS**

The Disability Discrimination Act 1995 (DDA) supports the rights of disabled people. The Act makes it unlawful to discriminate against disabled people and requires employers to make what are referred to as “reasonable adjustments” to prevent disadvantage to a disabled person at work. Such adjustments may, where practical, range from modification to premises through to changes in working arrangements or the provision of special equipment.

The DDA defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.

A long term effect of an impairment is one which has lasted, or can reasonably be expected to last at least 12 months. Where an impairment stops having a substantial adverse effect on a person’s ability to carry out normal day-to-day activities, it will be treated as continuing to have that effect if it is likely to recur.

Apart from the use of spectacles or contact lenses to correct sight, the effect of treatment or correction on an impairment should be ignored. For example, in the case of someone with diabetes, whether or not the effect is substantial will depend on what the condition would be if he or she was not taking medication.

Anyone who was registered as a disabled person under the Disabled Persons (Employment) Act (Northern Ireland) 1945 both on 12 January 1995 and 2 December 1996 will be treated as being disabled under the DDA 1995 for three years from the latter date.

The guidance which follows contains examples of conditions which might give rise to particular categories of disability. You may feel that the suggested category is inappropriate in your case. For example, you may have a condition which is shown here as being likely to give rise to physical co-ordination difficulties, whereas in your opinion the resultant disability is more appropriately described under reduced physical capacity. In such cases you should choose the category which seems most suitable to you.

**Hearing impairment**:

For example, being deaf or hard of hearing. If you wear a hearing aid which brings your level on a par with the average you are still considered to have a disability.

**Visual impairment**:

For example, being registered blind or partially sighted. If your sight is corrected by the use of spectacles or contact lenses this is not considered a disability.

**Speech impairment**:

For example, being unable to speak, or having difficulty in speaking.

**Mobility impairment**:

For example, being able to walk only limited distances; having difficulty walking other than slowly or with unsteady or jerky movements; having difficulty sitting, standing, bending or reaching; having difficulty climbing stairs, or using a normal means of transport; needing to use a walking stick, crutches or wheelchair.

**Physical co-ordination difficulties**:

This relates to balanced and effective interaction of body movement, including hand and eye co-ordination, and might include, for example, problems of manual dexterity and of muscular control, e.g. incontinence, epilepsy, Parkinson’s disease.

**Reduced physical capacity**:

This includes debilitating pain and lack of strength, breath, energy or stamina, such as might arise, for example, from cardiovascular conditions, asthma, diabetes. It may also result from progressive conditions, eg muscular dystrophy, cancer, multiple sclerosis, HIV/AIDS. (The DDA provides for people with these progressive conditions to be regarded as having a disability as soon as impairment arising from the condition has some effect on the ability to carry out normal day-to-day activities. The effect does not have to be continuous or substantial.)

**Severe disfigurement**:

Examples of disfigurements include scars, birthmarks, limb or postural deformation or diseases of the skin. A tattoo is not considered as a severe disfigurement.

**Learning difficulties**:

For example, reading or writing with difficulty. Includes the mental inability to perceive physical danger.

**Mental illness**:

For example, having schizophrenia, clinical depression, severe phobias.

**TABLE OF REHABILITATION PERIODS**

The table below outlines the rehabilitation periods after which many of these sentences will be considered “spent”. This means you are able to answer “no” if you are asked about a criminal conviction or record - unless the job being applied for is an “excepted” one. The job to which this application form relates is not an “excepted” one.

**Custodial sentences of over 2.5 years can never become spent.**

|  |  |  |
| --- | --- | --- |
|  | **Rehabilitation Period** | |
|  | **Aged 17**  **or Over**  **Upon Conviction** | **Aged**  **under 17**  **Upon Conviction** |
| Prison (immediate or suspended sentence) or young offender institution: more than 6 months but less than 2.5 years | 10 years | 5 years |
| Prison (immediate or suspended sentence) or young offender institution: 6 months or less | 7 years | 3.5 years |
| Fine or community service order | 5 years | 2.5 years |
| Absolute discharge | 6 months | 6 months |
| Probation, supervision, care-order, conditional discharge or bind-over | 1 year or until order expires (whichever is longer) | |
| Attendance Centre Order | 1 year after the Order expires | |
| Hospital Order (with or without restriction) | 5 years or 2 years after the order expires (whichever is longer) | |

***\*End***