

 **EQUAL OPPORTUNITIES MONITORING**

 **APPLICANT REF NO****…………… Location of Post: ……………………**

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| **To protect your Privacy do not write your name on this form.** **Autism Initiatives are an Equal Opportunity employer. We aim to ensure all job applicants receive equal treatment regardless of individual differences and selection is solely on the basis of merit. You are not obliged to answer these questions and you will not suffer any penalty if you choose not to.  Nevertheless, we encourage you to complete the form. Your identity will be kept anonymous and your answers confidential.** **We monitor this information to demonstrate our commitment to promoting Equality of Opportunity in employment and to comply with our duties under the Fair Employment and Treatment (NI) Order 1998.**  |

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| **1. GENDER: Male** | **[ ]**  |  **Female** | **[ ]**  |  **Prefer not to say** | **[ ]**  |
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| **2. MARITAL STATUS: Single** | **[ ]**  | **Married** | **[ ]**  | **Civil Partnership** | **[ ]**  |  **Widowed** | **[ ]**  |
|  |  |  |  |  |  |  |  |
|  **Divorced** | **[ ]**  |  **Separated** | **[ ]**  |  **Other** | **[ ]**  |

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| **3. 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 yourself to have a disability? Yes** | **[ ]**  |  **No** | **[ ]**  |
|  |  |  |  |
| **If you 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 serious visual impairment or being deaf or having a serious visualimpairment, 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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| 1. **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 the Roman Catholic communities.**  |
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| **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 nor the Roman Catholic community** | **[ ]**  |  |
| **If you do not answer the above question, we will use the residuary method, which means that we can make a determination as to your community background based on the personal information supplied by you in your application form/personnel file.** |

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| **5. AGE RANGE Please tick appropriate box:-**  |
|  **18 - 21**  | **[ ]**  |  **40 - 49** | **[ ]**  |  |  **65+**  | **[ ]**  |  |  |
|  |  |  |  |  |  |
|  **22 - 29**  | **[ ]**  |  **50 - 59** | **[ ]**  |  | **Date of Birth:**                 |
|  |  |  |  |  |
|  **30 - 39** | **[ ]**  |  **60 - 64** | **[ ]**  |  |

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| **6. ETHNIC MONITORING Please tick one or more boxes as appropriate:-** |
| **Black Caribbean origin**  | **[ ]**  | **Black African origin** | **[ ]**  | **Chinese origin** | **[ ]**  | **Indian origin** | **[ ]**  |
|  |  |  |  |  |  |  |  |
| **Bangladeshi origin** | **[ ]**  | **Pakistani origin** | **[ ]**  | **British**  | **[ ]**  | **Irish** | **[ ]**  |
|  |  |  |  |  |  |  |  |
| **Irish Traveller Community**  | **[ ]**  | **Mixed ethnic group**  | **[ ]**  | **Northern Irish** | **[ ]**  | **White** | **[ ]**  |
|  |  |  |  |  |  |  |  |
| **Other origin** **(please specify)**  |       |

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| **7. SEXUAL ORIENTATION**  |
| **Please indicate your sexual orientation by ticking the appropriate box below:** |
| My Sexual Orientation is: |
|  | I am straight | **[ ]**  |
|  | I am gay or lesbian | **[ ]**  |
|  | I am bisexual | **[ ]**  |

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| **8. DEPENDANTS/CARING RESPONSIBILITIES**  |
| **Do you have dependants, or caring responsibilities for family members or other persons?**  |
| **Yes:** | **[ ]**  | **No:** | **[ ]**  |
| **If you answered “yes”, are your dependants or the people you look after?****(Please tick the appropriate box or boxes):** |
|  | A child or children: | **[ ]**  |
|  | A disabled person or persons: | **[ ]**  |
|  | An elderly person or persons: | **[ ]**  |
|  | Other: | **[ ]**  |
| If “Other”, please specify: |       |  |
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| **If providing Community background and Gender information you must answer truthfully. It is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers.** **This section of the application form will be stored in a confidential manner until information has been extracted for equal opportunities monitoring purposes, and will then be destroyed.****Your individual information must also be released to statutory bodies if requested.** |