Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the policy of ABC Health & Leisure Trust that all eligible persons have equal opportunity for employment and advancement based solely on ability, qualifications and aptitude. The Board selects those suitable for appointment solely on the basis of merit, irrespective of their community background, religious belief, political opinion, gender, marital or civil partnership status, (including whether they have dependants or not), race, colour, ethnicity or nationality, sexual orientation, age or whether they are disabled or not.

*Recruitment is monitored to ensure that the equal opportunity policy is effectively implemented and all recruitment decisions will be made objectively.*

**Community Background**

ABC Health & Leisure Trust is required by the Fair Employment & Treatment (NI) Order 1998 to monitor the community background of its employees and of applicants to posts.

*Please indicate the community to which you belong by ticking the appropriate box below:*

 I am a member of the Roman Catholic Community

 I am a member of the Protestant Community

 I am a member of neither the Protestant nor the Roman Catholic Community

If you do not answer the above question, 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 your personal information supplied by you in your application form/personnel file. It should be noted it is an offence, under the Fair Employment and Treatment (NI) Order 1998, to give false information to an employer who is seeking information from applicants.

**Race**

*Please indicate your race or colour or ethnicity and nationality:*

 White  Pakistani  Indian  Bangladeshi  Chinese

 Irish Traveller  Black Caribbean  Black African  Black Other  Other

If ‘Other’ please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please also indicate by ticking the appropriate box whether you are:*

 Female  Male

Marital Status: Single ; Married ; Widowed ; Divorced ; Other 

**Disability**

The Disability Discrimination (NI) Act 1995 describes a 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.

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

 Yes (If ‘Yes’, please state the nature of your disability.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 No

*Please indicate where you learned of this vacancy.*

When you have completed this form you should put it in the envelope provided, seal it, and return it with your Application Form.

**Please return the envelope with the monitoring form and the application form in the same envelope.**

Access to this information will be strictly controlled and will not be available to those considering your application for employment. The information will not be available for any other purpose than equal opportunities monitoring.

*Note: it is not compulsory for you to answer the above questions. However, we would stress that it is a criminal offence under the legislation for a person to “give false information in connection with the preparation of a monitoring return”.*

**Please return all completed information to:**

The Monitoring Officer

ABC Health & Leisure Trust

C/O Ardoyne Association

111 Etna Drive

Belfast BT14 7NN