Application Reference No: \_\_\_\_\_\_\_\_\_

**Equal Opportunities Monitoring Form**

**in strictest confidence**

# Monitoring Information

We would be grateful if you could complete and return this form. The information you have supplied will be kept confidentially and will only be used to provide an overall profile analysis of MCNI.

Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

## A. Your age

|  |  |
| --- | --- |
| 16 - 24 |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65+ |  |

## B. Your disability

The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day-to-day activities.

### Do you consider yourself to have a disability according to the terms given in the DDA?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If you have answered yes, please indicate the type of impairment which applies to you (by ticking next to it below).

People may experience more than one type of impairment, in which case tick all the types that apply. If your disability does not fit any of these types, please mark Other.

|  |  |
| --- | --- |
| Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches |  |
| Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment. |  |
| Mental health condition, such as depression or schizophrenia. |  |
| Learning disability, (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autism or head-injury). |  |
| Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy. |  |
| Other, such as disfigurement (specify below if you wish). |  |

## C. Your ethnic group

(These are based on MCNI’s recording system, and are listed alphabetically)

### Asian, Asian British, Asian English, Asian Irish

|  |  |
| --- | --- |
| Bangladeshi |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background (specify if you wish) |  |

### Black, Black British, Black English, Black Irish, Black Portuguese, Black American

|  |  |
| --- | --- |
| African |  |
| Caribbean |  |
| Any other Black background (specify if you wish) |  |

### Chinese, Chinese British, Chinese English, Chinese Irish

|  |  |
| --- | --- |
| Chinese |  |
| Any other ethnic background (specify if you wish) |  |

### Mixed

|  |  |
| --- | --- |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| White and Chinese |  |
| Any other Mixed background (specify if you wish) |  |

### White

|  |  |
| --- | --- |
| British |  |
| English |  |
| Irish |  |
| Lithuanian |  |
| Polish |  |
| Portuguese |  |
| Scottish |  |
| Welsh |  |
| Any other White background  (specify if you wish) |  |

## D. Your gender

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

### Have you ever identified as transgender?

For the purpose of this question “transgender” is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

## E. Your religion or belief (listed alphabetically)

Which group below do you most identify with?

|  |  |
| --- | --- |
| No religion |  |
| Baha’i |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jain |  |
| Jewish |  |
| Muslim |  |
| Protestantism |  |
| Roman Catholicism |  |
| Sikh |  |
| Any other religion or belief (specify if you wish) |  |

## What religion were you brought up in?

|  |  |
| --- | --- |
| No religion |  |
| Baha’i |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jain |  |
| Judaism |  |
| Isalm |  |
| Protestantism |  |
| Roman Catholicism |  |
| Sikhism |  |
| Any other religion or belief (specify if you wish) |  |

## F. Your political opinion

|  |  |
| --- | --- |
| No political opinion |  |
| Unionist |  |
| Nationalist |  |
| Socialist |  |
| Feminist |  |
| Other (specify if you wish) |  |

## G. Your sexual orientation

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Gay woman / lesbian |  |
| Heterosexual / straight |  |
| Other (specify if you wish) |  |

**H. Your marital status**

|  |  |
| --- | --- |
| Single |  |
| Co-habiting |  |
| Separated (but still legally married) |  |
| Married (first marriage) |  |
| Re-married |  |
| Divorced |  |
| Widowed |  |
| Other (specify if you wish) |  |

**I. Dependants (how many?)**

|  |  |
| --- | --- |
| Children |  |
| How many have a disability? |  |
| Adults |  |
| How many have a disability? |  |

**J. Employment status**

|  |  |
| --- | --- |
| Full-time student |  |
| Employed Full-time |  |
| Employed Part-time |  |
| Registered Unemployment (seeking work) |  |
| Unwaged (not seeking work) |  |
| Any other employment status (specify if you wish) |  |