

# EQUALITY OPPORTUNITIES MONITORING FORM (Confidential)

The Koram Centre is committed to achieving equality and continually monitors the effectiveness of its policy. This monitoring form is held confidentially and is not seen by the selection panel. It is used to monitor our recruitment and selection and other employment processes. Please complete each section by ticking the relevant boxes below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Gender** | | | | | | | | | | | | | | | | | | | | | |
| **What is your Gender?** | | | | | | | | | | | | | | | | | | | | | |
| Male | | |  | | | Transgendered | | | | | | | | | | | | |  |
| Female | | |  | | | I do not wish to answer this question | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Age Group** | | | | | | | | | | | | | | | | | | | | | |
| 56-65  36-45  16 - 25  65 and over  46-55  26-35 | | | | | | | | | | | | | | | | | | | | | |
| 1. **Sexual Orientation** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| I am gay or lesbian (homosexual) | | | | | | | | |  | |  | | | | | | | | | | |
| I am a heterosexual or straight | | | | | | | | |  | |  | | | | | | | | | | |
| I am bisexual | | | | | | | | |  | |  | | | | | | | | | | |
| Other (specify) |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Marital Status:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Single | |  | | | Married/co-habiting | | | | | | | |  |
| Separated/divorced | |  | | | Widowed | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Community Background:** | | | | | | | | | | | | | | | | | | | | | |
| *Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below.* | | | | | | | | | | | | | | | | | | | | | |
| 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 Roman Catholic community | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Religious Belief:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Do you have a religious belief? | | | | | | | | Yes | |  | | No | | | |  | |
| If yes are you: | | | | | | | | | | | | | | | | | | | | | |
| Roman Catholic | | | |  | | | Presbyterian | | | | | | | |  | |
| Church of Ireland | | | |  | | | Methodist | | | | | | | |  | |
| Baptist | | | |  | | | Muslim | | | | | | | |  | |
| Hindu | | | |  | | | Jewish | | | | | | | |  | |
| Buddhist | | | |  | | | Sikh | | | | | | | |  | |
| Baha'i | | | |  | | |  | | | | | | | | | | | | | | |
| Other, please specify | | | |  | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Those with and without dependants** | | | | | | | | | | | | |
| Do you look after, or give any help or support to family members, friends, neighbours or dependants because of a long term physical or mental health problem or an issue related to old age? | | | | | | | | | | | | |
| Yes | |  | | No | |  |  | | | | | |
| dependants as regards young people/children? | | | | | | | | | | | | |
| Yes | |  | | No | |  |  | | | | | |
|  | | | | | | | | | | | | |
| 1. **People with disabilities:** | | | | | | | | | | | | |
| Under the Disability Discrimination Act 1995 a person is considered to have a disability if s/he has a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day to day activities | | | | | | | | | | | | |
| Do you consider that you meet this definition of disability? | | | | | | | | | | | | |
| Yes | |  | | No | |  |  | | | | | |
| If yes, please state the type of disability? For example | | | | | | | | | | | | |
| Visual impairment | |  | | Hearing impairment | | | | |  | |
| Mobility disability | |  | | Mental health disability | | | | |  | |
| Learning disability | |  | | Communication difficulties | | | | |  | |
| Other |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **Ethnic Background** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| To which of these ethnic groups do you consider you belong? | | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Bangladeshi | | |  | | Indian | | |  | |
| Black Africa | | |  | | Irish Traveller | | |  | |
| Black Caribbean | | |  | | Pakistani | | |  | |
| Black other | | |  | | White | | |  | |
| Chinese | | |  | |  | | |  | | | | |
| Any other ethnic group | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |

Please return this form in a separate envelope marked ‘Equality Monitoring Form’