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**Monitoring Form**

**Job Ref \_\_\_\_\_/\_\_\_\_\_\_\_**

This will be separated from your application upon receipt. Please tick the relevant boxes and return in the envelope provided. This information is used for monitoring of equality information only.

1. **Gender**

What is your Sex?

Male

Female

Transgendered

I do not wish to answer

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sexual Orientation**

I am Heterosexual

I am Gay or Lesbian (Homosexual)

I am Bisexual

Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Marital Status**

Single Married

Separated/Divorced Widowed

1. **Community Background**

 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 Prebyterian

Church Of Ireland Methodist

Baptist Muslim

Hindu Jewish

Buddhist Sikh

Baha’i

Other (Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Those with and Without Dependents**

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. **DISABILITY:**

The definition of a disability in the Disability Discrimination Act 1995 is: ‘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.’

 Do you meet (or have you, in the past, met) this definition? **Yes No**

 **IF YES**, please tick below the heading which describes it best.

 **Mobility**

**Vision**

**Hearing**

**Speech**

**Dexterity / Co-Ordination**

**Mental**

**Learning**

**Other (Please specify) ………………………………………………………………**

1. **RACIAL / ETHNIC ORIGIN:**

**White Chinese Irish Traveller Indian**

**Bangladeshi Black African Black Caribbean**

**Black Other** (Please Specify) **………………………………………………..………………**

 **Mixed Ethnic Group** (Please Specify) **………………………………………………..………………**

 **Other** (Please Specify) **………………………………………………..…………………………………….**

Thank you for taking the time to complete this form, please return in the envelope provided. All Information provided will be held by The Ely Centre in the strictest confidence and is for monitoring purposes only.