**EQUAL OPPORTUNITIES MONITORING FORM**

REF:

**CONFIDENTIAL**

**MONITORING QUESTIONNAIRE**

**GUIDANCE NOTES:**

North Down Community Network is fully committed to Equal Opportunities. We aim to provide equality of opportunity to all persons regardless of their religious belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or are in a civil partnership; or, whether they are disabled.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies.

Your identity will be kept anonymous and your answers will be treated with the strictest confidence. The information provided will not be made available to those considering your application.

**COMMUNITY BACKGROUND**

Please indicate the community to which you belong by putting an ‘X’ the appropriate box below

:

I am a member of the Protestant community:

I am a member of the Roman Catholic community:

I am not a member of either the Protestant or the

Roman Catholic communities:

**SEX**

Please indicate your sex by ticking the appropriate box below:

Male Female Other

**AGE**

Please state your date of birth:

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

**ETHNIC INFORMATION:**

What is your ethnic group? Choose one option which best describes your ethnic group or background:

White Chinese

Irish Traveller  Indian

Pakistani Bangladeshi

Black Caribbean Black African

Black Other

Mixed ethnic group (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other ethnic group (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEXUAL ORIENTATION**

My sexual orientation is towards:

Persons of a different sex to me:

Persons of the same sex as me:

Persons of both sexes:

**DISABILITY**

Under the *Disability Discrimination Act 1995* a person is deemed to be a disabled person if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider that you are a disabled person?

YES NO

**If “yes”, please indicate the nature of your impairment below:**

……………………………………………………………………….................................

**MARITAL STATUS/CIVIL PARTNERSHIP STATUS**

Are you married or in a civil partnership?

YES NO

**DEPENDANTS/CARING RESPONSIBILITIES**

Do you have dependents or caring responsibilities for family members or other persons?

YES NO

Are your dependents or the people your 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate by ticking the appropriate box(es) below how you became aware of this vacancy

|  |  |
| --- | --- |
| NDCN website |  |
| Social media |  |
| Newspaper – please specify |  |
| CommunityNI |  |
| Other |  |

**Thank You for Providing this Information, please return to:**

**NDCN 5 Castle Park Road, Bangor, BT20 4TF**