



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 _____

2. Sexual Orientation

I am Heterosexual

I am Gay or Lesbian (Homosexual)

I am Bisexual

Other (Specify) _____

3. Marital Status

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
Separated/Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

4. Community Background

I am a member of the Protestant Community	<input type="checkbox"/>
I am a member of the Roman Catholic Community	<input type="checkbox"/>
I am a member of neither the Protestant nor Roman Catholic Community	<input type="checkbox"/>

5. Religious Belief

Do you have a religious belief?

YES

NO

If yes are you :

Roman Catholic	<input type="checkbox"/>	Prebyterian	<input type="checkbox"/>
Church Of Ireland	<input type="checkbox"/>	Methodist	<input type="checkbox"/>
Baptist		Muslim	
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Baha'i	<input type="checkbox"/>		

Other (Please Specify _____)

6. 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

7. 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)

8. RACIAL / ETHNIC ORIGIN:

White Chinese Irish Traveller Indian

Bangladeshi Black African Black Caribbean

Black Other (Please Specify)

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Mixed Ethnic Group (Please Specify)

.....

Other (Please Specify)

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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.