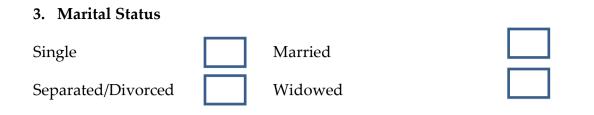## Monitoring Form

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 ☐   Married ☐

Separated/Divorced ☐   Widowed ☐

4. 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 ☐

5. 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 _____

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. <u>DISABILITY</u>:

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. <u>RACIAL / ETHNIC ORIGIN</u>:

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.