

**For Monitoring Purposes Only**

**Please complete this form and return by email with your application to [bernadette@newcolin.com](mailto:bernadette@newcolin.com)**

Colin Neighbourhood Partnership monitors the applications it receives for jobs in order to ensure that its recruitment practices promote equality of opportunity – we believe in Equal Opportunities for all.

Please be assured that this information will be treated in the strictest confidence and protected from misuse, and will not form part of your application. It will be forwarded unopened to CNP's HR manager by the recruitment manager. It will be used only for the purposes of monitoring our equal opportunity employment policy.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of our applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998.

**Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We therefore ask 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 the Roman Catholic Community

If you do not complete this questionnaire, we are encouraged to use the 'residuary' method, which means that we can make a determination on the basis of personal information on file.

**NOTE**

It is a **criminal offence** under the legislation for a person to 'give false information in connection with the preparation of the monitoring return.'

**Please indicate your gender by ticking the appropriate box below:**

Male  Female  Other

**Please indicate your marital status by ticking the appropriate box below:**

Married  Single  Divorced/Separated  Widowed  Other

*Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she 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 nature of or effects of your disability \_\_\_\_\_

**Please describe your ethnic origin by ticking the appropriate box below.**

White

Indian

Irish Traveller

Pakistani

Black-Caribbean

Bangladeshi

Black-African

Chinese

Black-Other (please specify)

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Other (please specify)

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