

**MONITORING FORM JOB REFERENCE NO:** T24-133BUS PEACEPLUS Our Shared History

**MONITORING QUESTIONNAIRE UNDER TAR ABHAILE’S EQUAL OPPORTUNITY POLICY**

**IN CONFIDENCE, USED FOR STATISTICAL PURPOSES ONLY**

**Private and Confidential**

**The following pages will not be used as part of the selection process as they contain information that is strictly private and confidential.**

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

**1 COMMUNITY BACKGROUND**

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

community

**2**  **ETHNIC ORIGIN**

WhiteBlack Other

Irish TravellerChinese

Pakistani Indian

Black CaribbeanMixed Group

Black AfricanOther

**3** **GENDER**

Female Male

**4** **MARITAL STATUS**

Married Single Widowed Separated Cohabiting Civil

 Partnership

**5** **DISABILITY**

Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

**Do you consider that you are a disabled person?**

Yes:  No: 

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment**, such as difficulty using

your arms, or mobility issues requiring you to use

a wheelchair or crutches:

**Sensory impairment**, such as being blind or

having a serious visual impairment, or being deaf

or having a serious hearing impairment:

**Mental health condition**, such as depression

or schizophrenia:

**Learning disability or difficulty**, such as

Down’s Syndrome or dyslexia, or **Cognitive impairment**,

such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**,

such as cancer, HIV infection, diabetes, epilepsy or

chronic heart disease:

**Other** (please specify):

…………

**When you have completed this questionnaire, please return it to:**

**Email: tarabhaile01@gmail.com**

**Or (HR) Tar Abhaile 1 West End Park, Derry BT48 9JF**

*Access to this information will be strictly controlled and will not be seen by the shortlisting panel. Monitoring will involve the use of statistical summaries of information in which identities of the individuals will not appear. The information will not be available for any other purposes other than equal opportunities monitoring. The information will subsequently be transferred to the monitoring system operated by the Monitoring Officer. There it will be strictly controlled in accordance with the Data Protection Code of Practice. Please note that it is an offence for any person to give false information to another who is seeking that information to make a monitoring return.*





