

**EQUAL OPPORTUNITIES MONITORING**

(Return with your application form)

**PLEASE NOTE THIS FORM IS REGARDED AS PART OF YOUR APPLICATION AND FAILURE TO COMPLETE AND RETURN IT WILL RESULT IN DISQUALIFICATION**

***Please ensure that you read the notes for guidance in the Candidate Information Booklet before you complete this part of your application form.***

It is our policy to ensure that all eligible persons have equal opportunity for employment and advancement on the basis of their ability, qualification and aptitude. We select those suitable for appointment solely on the basis of merit without regard to an individual's disability, race, religion, sex, age or sexual orientation. Monitoring is carried out to ensure that our equal opportunity policy is effectively implemented.

**Gender**

Please tick one box: 

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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**National Insurance Number**

Please provide your National Insurance Number 

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**Age**

Please give your date of birth: 

Day	Month	Year

**Community Background**

Please indicate your community background by ticking the appropriate box below:

<input type="checkbox"/>	I have a Protestant community background
<input type="checkbox"/>	I have a Roman Catholic community background
<input type="checkbox"/>	I have neither a Protestant or Roman Catholic community background

**Disability**

The Disability Discrimination Act 1995 makes it unlawful for an employer to treat a disabled person less favourably than someone else because of their disability, unless there is a good reason. 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 adverse effect on his/her ability to carry out normal day to day activities. (Please see the Candidate Information Booklet for more information on how this definition is interpreted)

Do you consider that you meet this definition of disability? (Please tick one box below)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Race**

Please tick one box below to indicate your race:

<input type="checkbox"/>	White	<input type="checkbox"/>	Black African
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Black Other
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Indian

Are you a member of a mixed ethnic group?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Are you a member of the Irish Travelling Community?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you are of an other ethnic origin, please specify in the space below:

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**Language**

Is English your first language? (Please tick one box below):

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Sexual Orientation**

Please consider the statement below and tick one box:

My sexual orientation is towards someone:

<input type="checkbox"/>	Of the same sex (this covers gay men and lesbians).
<input type="checkbox"/>	Of a different sex (this covers heterosexual men and women)
<input type="checkbox"/>	Of the same sex and of the opposite sex (this covers bisexual men and women)

**Marital Status**

Please indicate your marital status by ticking one box below:

<input type="checkbox"/>	Single, that is never married or in a civil partnership
<input type="checkbox"/>	Married
<input type="checkbox"/>	Separated, but still legally married
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	In a civil partnership
<input type="checkbox"/>	Separated, but still legally in a civil partnership
<input type="checkbox"/>	Formerly in a civil partnership which is now legally dissolved
<input type="checkbox"/>	Surviving partner from a civil partnership

**Dependants**

Do you have a personal responsibility for the care of a child or children, a person with a disability or a dependant older person? Please tick 1 box:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No