



EQUAL OPPORTUNITIES MONITORING FORM

The information provided on this form will be used to monitor the background of applicants in line with The Rainbow Project's Equal Opportunities Policy in line with Equality Commission NI guidance. This form will only be seen by the Monitoring Officer and not be made available to other members of the interview panel and it will be stored securely for the period of one year only or for the duration of any contract employment offered.

1. What is your date of birth? ____/____/____

2. Are you (please tick):

Male (including trans/transgender)	<input type="checkbox"/>
Female (including trans/transgender)	<input type="checkbox"/>
Other (please state):	

3. Do you consider yourself to be trans/transgender and/or gender variant?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

4. Are you (please tick):

Gay (Man)	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Gay (Woman)	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Other (please state):	

5. What is your community background? (Please tick)

I am a member of the Protestant Community	<input type="checkbox"/>
I am a member of the Catholic Community	<input type="checkbox"/>
I am neither	<input type="checkbox"/>

6. Disability

Under the Disability Discrimination Act a person is considered to have a disability if s/he 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.

Do you consider yourself to have a disability? (Please tick)

YES (please detail any support needed to attend interview in the 'Other Information' section of the application form)	<input type="checkbox"/>
NO	<input type="checkbox"/>

7. To which ethnic group do you consider yourself to belong to? (Please tick)

Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black Carribean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>	Mixed Ethnic Group	<input type="checkbox"/>

Other (please specify) : _____

8. What is your current relationship status? (Please tick)

Married/Civil Partnership	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Co-Habiting	<input type="checkbox"/>	Single	<input type="checkbox"/>
Dissolved Civil Partnership/Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

9. Do you consider yourself as belonging to any of these religious groups? (Please tick)

Church of Ireland	<input type="checkbox"/>	Presbyterian Church in Ireland	<input type="checkbox"/>
Methodist Church in Ireland	<input type="checkbox"/>	Catholic Church	<input type="checkbox"/>

Other Church or religion (Please specify): _____

I do not belong to any church but I was brought up in the following religious denomination (please specify):

No I do not belong to any church and/or am an atheist and I was not brought up following any religious denomination

Office use only

Post: Advocacy Officer

Reference Number: _____