

NICVA EQUAL OPPORTUNITES MONITORING FORM
(In strictest confidence)

Application ref no: _____

1 Perceived Religious Affiliation

I am a member of the Protestant Community

I am a member of the Catholic Community

I am a member of neither the Protestant or the Catholic Community

Please specify _____

2 Gender

I am FEMALE MALE

3 Marital Status

I am MARRIED SINGLE OTHER

4 Disability

In line with the Disability Discrimination Act 1995, a disability is defined as “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”

Having read this definition do you consider yourself to have a disability?

YES NO

5 Age Band

16-20 21-30 31-40 41-50 51-60 61-65

6 Cultural / Ethnic Origin

Chinese Traveller

Indian Black/African - Caribbean

Pakistani White

Asian Others Other

(please specify) _____ (please specify) _____