

Please return this form along with your application form to Diane Callaghan, Administration Officer, The Skainos Centre, 239 Newtownards Road, Belfast BT4 1AF or e-mail to diane@housingrights.org.uk This monitoring information will form no part of the selection process.

EQUAL OPPORTUNITY

Employee Monitoring Questionnaire

PRIVATE AND CONFIDENTIAL

EQUALITY OF OPPORTUNITY

REF NO: HSW POOL/1018

We aim to select the best person for the job and do not discriminate on grounds of religious affiliation, gender, disability or race.

To demonstrate our commitment to equality of opportunity and to assess the extent to which equality is being achieved, we need to monitor the community and ethnic backgrounds of our employees and job applicants; so we are asking you to help us by indicating your community and ethnic background below.

Community Background

Regardless of whether we practice our religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below. We would stress that it is a criminal offence under the legislation for a person to “give false information in connection with the preparation of a monitoring return”.

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 or Roman Catholic community

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

Applicants sex, marital & family status.

My sex is Male
 Female

I am: Married /Civil Partnership
 Single
 Divorced/Separated
 Widowed
 Other

Please indicate your family status:

I have no caring responsibilities
I care for children
I care for disabled person or persons
I care for an elderly person or persons
Other

Your Age
Your date of birth:

Disability

Do you consider yourself to have a disability which meets the definition of the Disability Discrimination Act 1995? (YES/ NO)

(i.e. someone with a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day to day activities (S1 and Sch1)

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):

Your Origins

| | |
|-------------|--|
| Nationality | |
|-------------|--|

| | |
|--------------------------------|--|
| Please state your ethnic group | |
|--------------------------------|--|

OR as appropriate, tick one or more of the following:

- | | | | |
|--------------------|--------------------------|-----------------|--------------------------|
| Mixed Ethnic Group | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| African | <input type="checkbox"/> | Irish traveller | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | | |

Place of Birth:

- | | | | | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|----------|--------------------------|
| N. Ireland | <input type="checkbox"/> | England | <input type="checkbox"/> | Wales | <input type="checkbox"/> | Scotland | <input type="checkbox"/> |
| Republic of Ireland | <input type="checkbox"/> | Elsewhere (Current name) | <input type="text"/> | | | | |

Note:

It is not compulsory for you to answer any of the questions contained in this form.