## RECRUITMENT MONITORING INFORMATION

### **Monitoring Reference Number: BEX/Director /04/19**

Belfast Exposed monitors the applications it receives for jobs in order to ensure that their recruitment practices promote equality of opportunity.

This information will be treated in the strictest confidence and protected from misuse and will not form part of your application. It will be used only for the purpose of monitoring our equal opportunity employment policy.

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate your religion or the religion to which you would be perceived to belong by ticking the appropriate box below: | | | |
|  |  |  |  |
| 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 nor the Roman Catholic Community |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please indicate your gender by ticking the appropriate box below: | | | | | |
|  |  |  |  |  |  |
| Male |  |  |  |  |  |
| Female |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please describe your ethnic origin by ticking the appropriate box below:** | | | | | |
|  |  |  |  |  |  |
| White |  |  | Indian |  |  |
| Irish Traveller |  |  | Pakistani |  |  |
| Black – Caribbean |  |  | Bangladeshi |  |  |
| Black - African |  |  | Chinese |  |  |
| Black – Other (please specify) |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Other (please specify) |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.  **Do you consider that you meet this definition of disability?** | | | | | |
|  |  |  |  |  |  |
| Yes |  |  |  |  |  |
| No |  |  |  |  |  |
|  |  |  |  |  |  |
| If YES please state the nature or effects of your disability |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |