#

# The information provided on this form will be used to monitor the background of applicants in line with Belfast Prides 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 appointment offered.

1. What is your date of birth? \_\_\_/\_\_\_/\_\_
2. Are you (please tick):

|  |  |
| --- | --- |
| Male (including transgender) |  |
| Female (including transgender) |  |
| Non-Binary  |  |
| Other (please state) |

1. Do you consider yourself to be transgender or a person with a trans history?

|  |  |
| --- | --- |
| YES |  |
| NO |  |

1. Are you (please tick):

|  |  |
| --- | --- |
| Gay (Man) |  |
| Lesbian |  |
| Gay (Woman) |  |
| Bisexual |  |
| Heterosexual |  |
| Other (please state) |

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

|  |  |
| --- | --- |
| I am a member of the Protestant Community  |  |
| I am a member of the Catholic Community |  |
| I am neither  |  |

1. 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) |
|
| NO |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Bangladeshi |  | Indian |  |
| Black African |  | Irish Traveller |  |
| Black Caribbean |  | Pakistani |  |
| Chinese |  | White |  |
| Eastern European |  | Mixed Ethnic Group |  |

 Other (please specify) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| Married/Civil Partnership |  | Separated |  |
| Co-Habiting |  | Single |  |
| Dissolved Civil Partnership/Divorced |  | Widowed |  |

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

|  |  |  |
| --- | --- | --- |
| Church of Ireland | Presbyterian Church in Ireland |  |
| Methodist Church in Ireland | Catholic Church |  |

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: Board Member
Reference Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_