**SLNRA EQUAL OPPORTUNITES MONITORING FORM**

**(*In strictest confidence)***

**Application ref no:\_\_SLNRA/Sept 2024/ 00\_\_**

**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 OTHER \_\_\_\_\_\_\_\_\_**

**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**  (optional)

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

**6 Cultural / Ethnic Origin**

**Chinese Traveller**

**Indian Black/African – Caribbean**

**Pakistani White**

**Asian Others Other**

**(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7 Other Information**

**To monitor the effectiveness of our advertising please indicate where you saw this position advertised:**

**Regional Paper 􀂆 Community NI Website** 􀂆 **Other (please state)** 􀂆