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| **SOLAS WELLBEING EQUAL OPPORTUNITIES FORM** | | | | | |
| Solas Wellbeing is committed to promoting equality of opportunity for all and welcomes volunteers, sessional workers and other personnel from all sections of the community.    In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity in our recruitment. The information that you provide will assist us to measure the effectiveness of our equal opportunity policies and take action to remove barriers where necessary.    Your identity will be kept anonymous and your answers will be treated with the strictest  Confidence and used for monitoring purposes only. To protect your privacy, you should not write your name on this questionnaire.  **You are not obliged to answer the questions on this form. If you do not wish to answer a question simply leave it blank.** | | | | | |
|  |  |  |  |  |  |
| **Disability:** Do you consider that you are a disabled person? | | | | | |
| Yes No | | | | | |
| **If you answered "yes", please indicate the nature of your impairment:** | | | | | |
| **Physical impairment:** | |  |  | **Sensory impairment:** | |
| **Example:** | limited mobility |  |  | **Example:** | hearing impairment |
| **Mental health condition:** | |  |  | **Learning disability/difficulty** | |
| **Example:** | Depression |  |  | **Example:** | Autism or dyslexia |
| **Long-standing or** | |  |  | **Other** | (please specify) |
| **progressive condition:** | |  |  |  |  |
| such as cancer or epilepsy | |  |  |  |  |

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| --- |
| **Age:**  Please state your date of birth \_\_\_\_/\_\_\_\_/\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Community Background:** | |  |  |  |  | |
| Regardless of whether they practice a religion, most people in Northern Ireland are | | | | | | |
| perceived to be members of either the Protestant or Roman Catholic communities. | | | | | | |
| **Please indicate the community to which you belong by ticking the appropriate box:** | | | | | | |
|  |  |  |  |  |  | |
| Protestant |  | Roman Catholic |  | Neither |  | |
|  |  |  |  |  |  | |
|  |  | | | | | |
| **Sex:** Please indicate your sex by ticking the appropriate box below:  Male Female | | | | | | |
|  |  |  |  |  |  | |
| **Sexual Orientation:** | |  |  |  |  | |
| Please indicate if your sexual orientation is towards:  Persons of the same sex as me  Persons of a different sex as me  Person of the same sex and different sex as me | | | |  |  | |
|  |  |  |  |  |  | |
| **Nationality:** Please state your nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Ethnic Origin:** Please indicate your colour or ethnic or national origins: | | | | | | |
|  |  |  |  |  | |  |
| White |  | Irish Traveller |  | Indian | |  |
| Pakistani |  | Black Carribean |  | Black African | |  |
| Black Other | | Mixed Ethnic Group |  | Chinese | |  |
| Bangladeshi |  | Filipino |  | Other | |  |
|  |  |  |  |  | |  |
|  | | | | | | |
|  | | | | | | |
| **Dependants:** Do you have dependants, or caring responsibilities for others?  Yes No | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**  **This will be detached from any application form and kept separately in a confidential file.** | | | | | | |