**Position:- Culture and Heritage Officer**

Equal Opportunities Monitoring Questionnaire

**Monitoring**



To ensure the effective implementation of the Equal Opportunities Policy all applications are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will be strictly controlled in accordance with the provisions of the Data Protection Act 2018 and UK GDPR.

This questionnaire will not be seen by the shortlisting/interview panel and all information provided will be treated in the strictest confidence. Please complete the questions below.



1. **Date of birth**
2. **What is your gender? (Please tick)**

| Male |  | Female |  | Prefer not to say |  |
| --- | --- | --- | --- | --- | --- |
| Other- Please specify: |

1. **Community background**

**Please indicate the community to which you belong: (Please tick)**

| I am a member of the Protestant community |  |
| --- | --- |
| I am a member of the Catholic community |  |
| I am not a member of either the Protestant or Catholic communities |  |

1. **Please indicate the political opinion which most closely matches your own:**

| Unionist or Loyalist |  |  | Nationalist or Republican |  |  | None |  |  | Prefer not to answer |  |  | Other: |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **Please state your religious denomination:**

| Christian |  |  | Buddhist |  |  | Hindu |  |  | Jewish |  |  | Muslim |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sikh |  |  | No religion |  |  | Other religion-please specify: |

1. **What is your ethnic group? (Please tick)**

| White |  |  | Indian |  |  | Black Caribbean |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Chinese |  |  | Pakistani |  |  | Black African |  |  |  |
| Irish Traveller |  |  | Bangladeshi |  |  | Black Other |  |  |  |

Mixed or other ethnic group (Please specify)

1. **How would you describe your national identity? (Tick all that apply)**

| British |  |  | Irish |  |  | Northern Irish |  |  | English |  |  | Scottish |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Welsh |  |  | Other religion-please specify: |

1. **Please state your country of birth:**
2. **Marital Status: (Please tick)**

| Single (never married or never registered as a same-sex civil partnership) |  |
| --- | --- |
| Married or registered in a same-sex civil partnership |  |
| Living together, as if you are married or in a registered same-sex civil partnership |  |
| Separated (But still legally married or in a registered same-sex civil partnership) |  |
| Divorced or formerly in a same sex civil partnership which is now legally dissolved |  |
| Widowed or surviving partner from a same sex civil partnership |  |
| Prefer not to say |  |

1. **Is your sexual orientation towards someone of…?**

| The same sex |  |  | Different sex |  |  | Both sexes |  |  | Questioning or not sure |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prefer not to say |  |  |
| Other-Please specify: |  |

1. **Do you have dependants or caring responsibilities for family members or other people? (Please tick)**

| Yes |  |  | No |  |
| --- | --- | --- | --- | --- |

**If yes, please indicate which of the following caring responsibilities you have (Tick all that apply):**

| A child or children |  | A person with a disability |  | An elderly person |  |
| --- | --- | --- | --- | --- | --- |
| Other-Please specify: |

1. **Are your day-to-day activities limited because of a health problem or disability, which has lasted, or is expected to last at least 12 months? (Please tick)**

| Yes, limited a lot |  |  | Yes, limited a little |  |  | No |  |
| --- | --- | --- | --- | --- | --- | --- | --- |

**If yes, please say how this disability affects you (please select all that apply)**

| Physical disability |  | Hearing impairment |  | Sight impairment |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mental health condition |  | Learning disability |  | Long Standing illness |  |  |
| Prefer not to say |  | Other-Please specify: |