**A logo for a women's centre

Description automatically generated with medium confidence**

**Applicant Monitoring Questionnaire**

**PLEASE COMPLETE AND RETURN SEPARATELY FROM YOUR APPLICATION FORM TO** [**recruitment@watersidewomen.net**](mailto:recruitment@watersidewomen.net)**, MARKING YOUR EMAIL as “CONFIDENTIAL”**

**Private & Confidential**

**Job Title: Centre Co-ordinator Ref No: CC/2025/05**

We are an Equal Opportunities Employer. We do not discriminate our job applicants or employees and we aim to select the best person for the job. We monitor the community background and sex of our job applicants and employees to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the Fair Employment & Treatment (NI) Order 1988.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions. Your answers will be used by us to monitor the range of applicants we receive, but your identity will be kept anonymous. In all other regards your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

1. **Community Background**

Regardless of whether they actually practice 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 below:

I am a member of the Protestant community.

I am a member of the Roman Catholic community.

I am **not** a member of either the Protestant or Roman Catholic community.

*If you do not answer the above question, or if you tick the “not a member of either box”, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.*

1. **Sex**

**Please indicate whether you are:**  **Female**   **Male**

*Note: If you answer this questionnaire you are obliged to do so truthfully as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.*

**The following questions are not legally required but are good practice to allow us to monitor the diversity of applicants.**

1. **Where did you hear about this position?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Age (please tick one option)**

|  |  |  |
| --- | --- | --- |
| 16 – 24 | 25 –34 | 35 –44 |
| 45 – 54 | 55 – 65 | 65 + |
| Prefer not to say |  |  |

1. **Racial Group** Please state your country of birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

My nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate which of the following applies to you:**

|  |  |  |
| --- | --- | --- |
| Chinese | Bangladeshi | Black African |
| Black Caribbean | Indian | Irish Traveller |
| Pakistani | White | Prefer not to say |
| Mixed Ethnic group (please state which) | | |
| Any other ethnic group (please state which) | | |

1. **Trans status:** Do you identify as trans?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

1. **Sexual Orientation:** Which of the following best describes your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
| Bi |  | Heterosexual/straight |  |
| Lesbian or gay |  | Prefer not to say |  |
| If you prefer to use your own term please specify here | | | |

1. **Marital Status/ Civil Partnership Status**

**Please indicate whether you are married or in a civil partnership by ticking the appropriate box below:**

Are you married or in a civil partnership?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

1. **Disability**

Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis, or HIV infection.

Also, you are deemed to be a disabled person if you have 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.

**Do you consider that you are a disabled person?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

|  |  |
| --- | --- |
|  | **Physical impairment,** such as the difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches: |
|  | **Sensory impairment,** such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment: |
|  | **Mental health condition,** such as depression or schizophrenia: |
|  | **Learning disability or difficulty,** such as Down’s Syndrome or dyslexia, or Cognitive impairment, such as autistic spectrum disorder: |
|  | **Long-standing or progressive illness or health condition,** such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease: |

**Other** (pleased specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Dependents/ Caring Responsibilities**

Do you have dependents, or caring responsibilities for family members or other persons?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

**If you answered “yes” are your dependents or the people you look after?**

(Please tick the appropriate box or boxes):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Primary carer of a child /children (under 18) |  | Primary carer of an older person |
|  | Primary carer of an adult |  | Secondary carer (another person carries out the main caring role) |