# **SOUTH BELFAST**



**EQUAL OPPORTUNITIES MONITORING FORM**

**(In strictest confidence)**

**Application ref no: \_\_\_\_\_\_\_\_\_\_**

**1. Perceived Religious Affiliation:**

I am a member of the:

Protestant Community Catholic Community

Neither the Protestant or the Catholic Community

**2. Gender:**

I am FEMALE MALE

**3. Marital Status/Civil Partnership Status:**

Are you married or in a civil partnership?

YES NO

**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:**

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

**6. Cultural/Ethnic Origin;**

Chinese Traveller

Indian Black/African – Caribbean

Pakistani White

Other Asian Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Sexual Orientation:**

Please indicate your sexual orientation by ticking the appropriate box below:

My Sexual Orientation is towards:

Persons of a different sex to me: (i.e. I am a heterosexual man or woman)

Persons of the same sex as me: (i.e. I am gay man or a lesbian)

Persons of both sexes: (i.e. I am bisexual man or woman)

Prefer not to say