*Please return this form to the Monitoring Officer,*

*by* **12 noon on Monday 14th November 2016**

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| **AGE north down & ards**  **Equal Opportunities Monitoring Questionnaire** |

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| **Monitoring**  We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or are in a civil partnership; or, whether they are disabled; or whether they have undergone, are undergoing or intend to undergo gender reassignment.  We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.  In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons.  Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.  Secondly, we also monitor the *community background* and *sex* of our job applicants and employees in order to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998*.  **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 the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name. |

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| **Date of Birth:** |

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| --- | --- | --- | --- | --- |
| **Gender:** | Male |  | Female |  |

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| --- | --- | --- |
| **Marital Status:** | Single |  |
| Never Married |  |
| Married |  |
| Separated |  |
| Divorced |  |

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| **Nationality:** |  |

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| **Religious Affiliation/Community Background:**  Regardless of whether they actually practice a particular 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 a member of neither the Protestant or Roman Catholic Communities |  |

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| --- | --- | --- | --- | --- |
| **Ethnic Origin:** | White |  | Indian |  |
| Pakistani |  | Bangladeshi |  |
| Chinese |  | Black African |  |
| Black Caribbean |  | Irish Traveller |  |
| Black – Other |  |  |  |
| Other | | |  |

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| **Sexual Orientation:**  To ensure compliance with the Employment Equality (Sexual Orientation) Regulations 2003 the Council has asked the question below. However, your response to this question is optional. | | |
| I am Heterosexual (Straight) | |  |
| I am Homosexual (Gay or Lesbian) | |  |
| I am Bi-Sexual | |  |
| Other (Please specify) | |  |
| I do not wish to answer this question | |  |
|  | | |
| **Political Opinion:** | Unionist Generally |  |
| Nationalist Generally |  |
| Other |  |
| I do not wish to answer this question |  |

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| **Disability:**  Under the Disability Discrimination Act 1995 a person is considered to have a disability if he or she has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry our normal day-to-day activities” | | | | |
| Do you consider yourself to have a disability | Yes |  | No |  |
| *If you have answered ‘Yes’ to the above question please indicate the nature of your impairment by ticking the appropriate box or boxes:* | | | | |
| Physical Disability | | | |  |
| Mental Health Disability | | | |  |
| Learning Disability | | | |  |
| Other | | | |  |

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| **Dependants:**  Do you have personal responsibility for the care of any of the following: (Please tick all that apply) | |
| A child or children |  |
| A person with long-term physical or mental ill-health or disability |  |
| A dependant elderly person |  |
| None of these |  |

***To ensure confidentiality, please place this Equal Opportunity Monitoring Questionnaire in the envelope marked ‘Monitoring Officer’, seal the envelope and enclose it with your application form.***