

**EQUAL OPPORTUNITIES MONITORING FORM**

Keep Northern Ireland Beautiful has committed itself to an Equal Opportunities Policy.

Applications are welcome from all sections of the community. Keep Northern Ireland Beautiful recognises and actively promotes the benefits of a diverse staff and is committed to treating every person who applies for a vacancy, or who works for Keep Northern Ireland Beautiful, with dignity and respect regardless of age, gender, race, colour, ethnic or national origin, marital status, responsibility for children or dependants, disability, sexual orientation, religion or beliefs.

We do however need to monitor the implementation of our Equal Opportunities Policy. The information that we are asking you to give on this sheet will be treated as confidential and will be kept separate from your Application Form. We would therefore ask you to answer the questions below. Please choose the answers that, in your interpretation, fit your circumstances most closely. This information will be used on a statistical basis only, i.e. we will keep an anonymous record of the details of all applicants for each vacancy advertised.

Thank you for your assistance.

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| Post applied for: |  | |
|  |  | |
| Reference No: *(office use only)* |  |

**Please fill in the form overleaf and return your completed application to:** [enquiries@keepnorthernirelandbeautiful.org](mailto:enquiries@keepnorthernirelandbeautiful.org)

**Or print and post to:**

Applications, Keep Northern Ireland Beautiful, Bridge House, Paulett Avenue, Belfast, BT5 4HD

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| **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 not a member of either the Protestant or the Roman Catholic communities:  *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* | **Racial Group:**  **Please state your country of birth:**  My country of birth is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please state your nationality:**  My nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please indicate which of the following applies to you:**  White  Chinese  Irish Traveller  Indian  Pakistani  Bangladeshi  Black Caribbean  Black African  Black Other  Mixed ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any other ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Age:**  **Please state your date of birth:**  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **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: |
| **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:  **If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**  **Physical impairment**, such as 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:  **earning 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** (please specify):  ………………………………………………………………………  ………………………………………………………………………. | **Dependants / Caring Responsibilities**:  Do you have dependants, or caring responsibilities for family members or other persons?  Yes:  No:  **If you answered “yes”, are your dependants or the people your look after?**  (Please tick the appropriate box or boxes):  A child or children:  A disabled person or persons:  An elderly person or persons:  Other:  If “Other”, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sexual Orientation:**  **Please indicate your sexual orientation by ticking the appropriate box below:**  My Sexual Orientation is:  I am straight:  I am gay or lesbian:  I am bisexual: |
| **Sex:**  **Please indicate your sex by ticking the appropriate box below:**  Male:  Female:  ***Note: If you answer these questions about community background and sex 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*** |