

## EQUAL OPPORTUNITY MONITORING FORM

NILGOSC is committed to equal opportunities and diversity. To ensure that we receive applications from all sections of society we ask applicants to complete an Equal Opportunity Monitoring form. The information provided will be treated in the strictest confidence and will be retained for information and monitoring purposes only. The selection panel will not see this information. We will not be able to consider your CV/application unless this form is completed.

### a) GENDER

Male  Female  Transgender

### b) AGE

Date of Birth:

**c) COMMUNITY BACKGROUND** – regardless of whether we practice religion, most people in Northern Ireland are seen as being either Roman Catholic or Protestant. Please indicate which community you belong to (or are perceived to belong to), by selecting the appropriate box:

Protestant  Neither the Protestant nor Roman Catholic community   
Roman Catholic

**RELIGION** - please indicate what religion, religious denomination or body you belong to:

Church of Ireland  Methodist  Presbyterian

Roman Catholic  Other Christian (please specify)

Buddhist  Hindu

Muslim  Sikh

Another religion

### d) METHOD OF ADVERTISEMENT

Please indicate in which publication or by which other means you became aware of this vacancy:

Belfast Telegraph  NIjobs.com

NIJobfinder  Sunday Life

NILGOSC website  Other (please specify)

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NILGOSC fully supports equality for all people and is committed to the fulfilment of Section 75 of the Northern Ireland Act 1998. The Act requires NILGOSC, in carrying out its functions, to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without;
- and
- between persons with dependants and without.

To help NILGOSC monitor the composition of its workforce and applicants for vacancies, and in order to ensure equality among all nine categories, please also complete the sections below. The information you provide will be treated on a strictly confidential basis and will be used for the purpose of statistical monitoring. This form will not be seen by the selection panel.

### e) RACE

Black African	Pakistani	Mixed Ethnic Group
Black Caribbean	Bangladeshi	Irish Traveller
Other Black Background	Other Asian Background	White
Indian	Chinese	Not disclosed
Other ( <i>please specify</i> )	<input type="text"/>	

### f) POLITICAL OPINION – how would you describe your political opinion?

Nationalist generally	Unionist generally	Not disclosed
Other ( <i>please specify</i> )	<input type="text"/>	

### g) MARITAL STATUS

Single	Married/Civil Partnership/Co-Habiting
Separated/Divorced	Widowed/Surviving Partner

### h) SEXUAL ORIENTATION

Bisexual	Gay	Heterosexual	Lesbian	Not disclosed
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**i) DISABILITY**

Disability is defined in the Disability Discrimination Act 1995 as 'A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'.

The effect of the impairment is classed as long-term if (a) it has lasted at least 12 months; or (b) the period for which it lasts is likely to be at least 12 months; or (c) it is likely to last for the rest of the individual's life. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider yourself to be disabled as set out above?

Yes                                      No                                      Not disclosed

**If yes**, what is the nature of your disability?

*(please specify below - e.g. physical impairment, visual impairment, mental health condition, long-standing illness or condition such as cancer, diabetes, epilepsy)*

**j) DEPENDANTS**

Do you have dependants?      Yes                                      No

If yes, please indicate whether your dependants or the people you look after are:

Child/children                      Disabled person/persons                      Dependant adult/adults

Other *(please specify)*