

Equal opportunity monitoring form

HR Reference number: 000000908/

Belfast City Council is committed to ensuring that all eligible persons have equality of opportunity for employment and advancement in the council on the basis of ability, qualifications and aptitude for the work. To ensure the effective implementation of the Equal Opportunities Policy all applicants are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will be strictly controlled in accordance with the Code of Practice on Monitoring agreed with Trade Unions.

This questionnaire will not be seen by either the short-listing or interview panels.

Personal details:

Official use only:

Date of birth:		Dob	
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Gender:	Male	<input type="checkbox"/>		Female	<input type="checkbox"/>	Gender	
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Family status:	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Status	<input type="text"/>
	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>		
	Widowed	<input type="checkbox"/>	Cohabitant	<input type="checkbox"/>		
	Civil partnership	<input type="checkbox"/>	Dissolved civil partnership	<input type="checkbox"/>		
	Other, please specify	<input type="text"/>				

Ethnic origins:	White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Ethnic origin	<input type="text"/>
	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>		
	Chinese	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>		
	Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>		
	Black other, please specify	<input type="text"/>				
	Mixed ethnic group, please specify	<input type="text"/>				
	Other, please specify	<input type="text"/>				

Please state your nationality or citizenship (for example, British, Irish, Polish):	<input type="text"/>	Nation	<input type="text"/>
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Persons with and without a disability:

A person has 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 out normal day-to-day activities" (Disability Discrimination Act, 1995)

Do you, in accordance with the above, have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Disability	<input type="text"/>
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If yes, please state nature of disability:	<input type="text"/>
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If no, have you ever had a disability?

Yes

No

History

Persons with and without dependants:

Have you any caring responsibility?

Yes

No

Official use only:

Dependants

Children

Relative

A person with a disability

Other, please specify

Religious affiliation or community background:

The council is required by The Fair Employment and Treatment (NI) Order 1998 to monitor the perceived religious affiliation or community background of its employees and applicants. In accordance with the Monitoring Regulations 1999, we are asking you to indicate the community to which you belong by ticking the appropriate box below:

I am a member of the Protestant community

Code

I am a member of the Roman Catholic community

Method

I am a member of neither the Protestant nor Roman Catholic communities

Please note: If you do not complete this section, we are encouraged to use the 'residuary' method, which means that we can make a determination on the basis of personal information on your application form.

Religious belief or tradition:

Please specify your religious belief, for example, Christian, Hindu, Muslim, please specify

Religious belief

No religious belief

Not disclosed