Confidential Reference no:

# **Equal Opportunities Monitoring Form**

## **Guidance Notes**

We are an Equal Opportunities Employer. We aim to provide equality of

opportunity to all persons regardless of their religious or similar philosophical

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.

## **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 marking with an **X** below:

If you do not answer the above question, 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.

|  |
| --- |
| 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 |

## **Sex**

Please indicate your sex by marking with a **X** 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.**

## **Age**

Please state your date of birth in the box below.

|  |
| --- |
|  |

## **Racial Group**

Please indicate your race or colour or ethnic or national origins in the box below.

|  |
| --- |
|  |

## **Nationality**

Please state your nationality by marking with a **X** below

|  |  |
| --- | --- |
| 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): |  |

## **Disability**

Under the Disability Discrimination Act 1995 a person is deemed to be a disabled person 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-today activities. 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 have a disability?**

Please mark with an **X** below:

|  |
| --- |
| Yes |
| No |

If you answered ‘yes’, please indicate the nature of your impairment by marking with an **X** in the category 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. |  |
| Learning 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). |  |

## **Sexual Orientation:**

Please indicate your sexual orientation by marking an **X** in the category 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 a gay man or a lesbian) |  |
| Persons of both sexes (i.e. I am a bisexual man or woman) |  |

## **Marital Status / Civil Partnership Status**

Please indicate whether you are married or in a civil partnership by marking an **X** in the category below:

Are you married or in a civil partnership?

|  |
| --- |
| Yes |
| No |

## **Dependants / Caring Responsibilities:**

Do you have dependants, or caring responsibilities for family members or other persons?

|  |
| --- |
| Yes |
| No |

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

(Please mark **X** in the appropriate category on the next page):

|  |  |
| --- | --- |
| A child or children |  |
| A disabled person or persons |  |
| An elderly person or persons |  |
| Other (please specify) |  |

This completed monitoring form should be emailed to [Susan.Monahan@food.gov.uk](mailto:Susan.Monahan@food.gov.uk) by **4pm on Thursday 17th December 2020.**