



EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

Your ref: _____

Job Title – Vice Principal Roe Valley Integrated Primary School

PRIVATE & CONFIDENTIAL

GUIDANCE NOTES

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 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.

PLEASE COMPLETE THE FOLLOWING SECTIONS: TICK BOXES AS APPROPRIATE.

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 Community ☐

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.

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.

DATE OF BIRTH:

Please state: _____

RACE, COLOUR, ETHNICITY, NATIONAL ORIGINS, NATIONALITY:

My Nationality is: _____

Please indicate your race or colour or ethnic or national origins:

- | | | | |
|-----------------|--------------------------|---------------|--------------------------|
| White | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Irish Traveller | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | | |

Mixed ethnic group (state which): _____

Any other ethnic group (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-to-day activities. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider that you are a disabled person?

Yes: ☐ No: ☐

If “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 which means using 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:

My sexual orientation is towards:

Persons of a different sex to me: ☐

Persons of the same sex as me: ☐

Persons of both sexes: ☐

MARITAL STATUS/ CIVIL PARTNERSHIP STATUS:

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: ☐

Are your dependents or the people you 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: _____