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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monitoring Form** | | | | | | | | | | | | | **Office Ref:** | | | | **22/04** | | |
| **This form should be returned in a separate sealed envelope** | | | | | | | | | | | | | | | | | | | |
| **Connswater is committed to providing equality of opportunity.** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| In order to demonstrate our commitment to equality of opportunity we monitor the religious affiliation, sex, marital status, family status, ethnic origin and disability status of all our job applicants. | | | | | | | | | | | | | | | | | | | |
| The information you are asked to supply below will be treated in the strictest confidence and protected from misuse. This information will not be available to anyone making decisions about your application and will be used for monitoring purposes only. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **1** |  | **What is your (perceived) religious affiliation?** | | | | | | | | | | | | | | | |  | |
|  |  | 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 nor the Roman Catholic community | | | | | | | | | | | | | | | |  |  |
|  |  |  | | | | | | | | | | | | | | | |  |  |
| **2** |  | **What is your gender?** | | | | | | | | | | | | | | | |  |  |
|  |  | I am male | | | | | | | | | | | | | | | |  |  |
|  |  | I am female | | | | | | | | | | | | | | | |  |  |
|  |  |  | | | | | | | | | | | | | | | |  |  |
| **3** |  | **What is your marital status?** | | | | | | | | | | | | | | | |  |  |
|  |  | Married | | | | | | | | | | | | | | | |  |  |
|  |  | Single | | | | | | | | | | | | | | | |  |  |
|  |  | Other | | | | | | | | | | | | | | | |  |  |
|  |  |  | | | | | | | | | | | | | | | |  |  |
| **4** |  | **Ethnic Group** | | | | | | | | | | | | | | | |  |  |
|  |  | To which of the following ethnic groups do you consider you belong? | | | | | | | | | | | | | | | |  |  |
|  |  | (Tick one box only) | | | | | | | | | | | | | | | |  |  |
|  |  | White |  | | Indian | | | | | | |  | | | Black Caribbean | | |  |  |
| Chinese |  | | Pakistani | | | | | | |  | | | Black African | | |  |
| Irish Traveller |  | | Bangladeshi | | | | | | |  | | |  | | |  |
| Mixed Ethnic (please specify) | | | | |  | |  | | |  | | |  | | |  |
| Black Other (please specify) | | | | |  | |  | | |  | | |  | | |  |
| Any other Ethnic Group (please specify) | | | | | | | | | |  | | |  | | |  |
|  |  |  | | | | | | | | | | | | | | | |  |  |
|  |  |  | | | | | | | | | | | | | | | |  |  |
| **5** |  | **Disability** | | | | | | | | | | | | | | | |  |  |
|  |  | The Disability Discrimination Act 1995 describes a disabled person as a person with a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.  In accordance with the above definition, do you have a disability? | | | | | | | | | | | | | | | |  |  |
|  |  |  | | | | | | | | | | | | | | | |  |  |
|  |  | Yes | |  | | No | | | | |  | | |  | | | | |  |
|  |  |  | |  | | | | | |  | | | | | |  | |  |  |
|  |  | If Yes, please provide details | | | | | |  | |  | | | | | |  | |  |  |
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**Thank you for your co-operation**