FOR OFFICE USE ONLY: Recd/Ack

EO No:

**EQUAL OPPORTUNITIES MONITORING FORM**

This form is **not used** as part of the selection process and the recruitment panel will not have access to the monitoring information.

Queen's University Belfast through its Charter of 1908 is committed to equality of opportunity for all. Section 75 of the Northern Ireland Act 1998 requires the University in carrying out all its functions to have due regard to the need to promote equality of opportunity and to have regard to the desirability of promoting good relations.  
  
The University considers that monitoring is the essential first step in the effective implementation of its equal opportunities policy and its equality scheme. To fulfil its legal objectives under fair employment legislation, the University is required by law to monitor the community background and gender of applicants. The University would appreciate your co-operation in completing this monitoring form in order that it may effectively monitor, evaluate and review its policies and procedures. The monitoring data will be strictly controlled and managed by the Equal opportunities Unit in a manner compliant with data protection legislation.

***Please tick the appropriate box***

**GENDER**

Please indicate your gender: Male

Female

Other (Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Prefer Not To Say

**COMMUNITY BACKGROUND**

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Protestant or Roman Catholic. We therefore ask you to indicate your community background by ticking the appropriate box below. Please indicate your community background:

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

Please note that it is an offence under fair employment legislation to give false information to an employer who is seeking that information in order to make a monitoring return. If you do not complete this section we are encouraged to use the ‘residuary method’ of monitoring, which means that we can made a determination on the basis of personal information held on file or on your application form.

**NATIONALITY**

Please indicate your place of birth: Northern Ireland

Republic of Ireland

England

Wales

Scotland

Other (please write in the present name of the

country below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RACE/ETHNIC ORIGIN**

Please indicate which category best described the ethnic group to which you belong:

White British

White Irish

White Other

Asian Other

Chinese

Irish Traveller

Mixed ethnic group

Black or Black-British Caribbean

Black or Black-British African

Black Other

Asian or Asian British-Indian

Asian or Asian British-Pakistani

Asian or Asian British-Bangladeshi

Any Other ethnic group

*The University has adopted the categorisation scheme suggested by the Higher Education Statistics Agency (HESA), which is compatible with the 2001 Census Data.*

**DISABILITY**The Disability Discrimination Act considers a person disabled if:

* He/she has a longstanding physical or mental condition or disability that has lasted or is likely to last at least 12 months; and
* This condition or disability has a substantial adverse effect on his/her ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability?

Yes

No

If **Yes**, please indicate the nature of your disability by ticking the appropriate box(es).

**Physical Impairment**

* Such as difficulty using your arms or mobility issues which means using a wheelchair or crutches

**Sensory Impairment**

* Such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment

**Mental Health Condition**

* Such as depression or schizophrenia

**Learning Disability/Difficulty**

* Such as Down’s syndrome or dyslexia or cognitive impairment, such as autistic spectrum disorder

**Long-standing Illness or Health Condition**

* Such as cancer, HIV, diabetes, chronic heart disease or epilepsy

**Other (please specify below)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MARITAL STATUS**

Please indicate your marital status: Married

Single

Widowed

Divorced

Civil Partnership

Separated

**DEPENDANTS**

Please indicate if you have any dependants:

Yes

No

If **‘Yes’**, are you responsible for the: Care of a child/children?

Care of person/persons with a disability/disabilities?

Care of an elderly person/persons

**SEXUAL ORIENTATION**

My sexual orientation is towards someone

Of the same sex

A different sex

Both sexes

I do not wish to answer

**Thank you for completing this form**