Private & Confidential

Ref No: SR96/

Please complete and email this questionnaire along with your Application Form to recruitment@nifha.co.uk (if submitting a hard copy, please place in a separate envelope to your Application Form, marked Private & Confidential)

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 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 are 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 to 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*.

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 have a unique identification number and only our Monitoring Officer will be able to match this to your name.

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Monitoring Questionnaire

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:

My background is that of the Protestant community: ☐

My background is that of the Roman Catholic community: ☐

I do not have a Protestant or Roman Catholic community background: ☐

If you do not answer the above question, or if you tick the "not a member of either" box, 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.

Gender:

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.

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Age:

Please tick the age category which applies to you

16-29 ☐

30-44 ☐

45-59 ☐

60+ ☐

Racial Group:

Please state your country of birth:

My country of birth is: _____

Please state your nationality:

My nationality is: _____

Please indicate which of the following applies to you:

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): _____

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Disability:

Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

In these terms do you consider yourself to be a disabled person?

Yes: ☐ No: ☐

If you answered "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 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): ☐

…….

…….

You should note that the Monitoring Form is regarded as part of your application and failure to fully complete and return it will result in disqualification.