

Reference:

**PRIVATE AND CONFIDENTIAL**

**Equal Opportunity Monitoring Form**

CDHN is committed to ensuring that all eligible persons have equality of opportunity for employment and advancement in CDHN on the basis of ability, qualifications and aptitude for the work. To ensure the effective implementation of the Equal Opportunities Policy, all applicants are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will not form any part of the selection process.

This questionnaire will not be seen by either the shortlisting/interview panel.

**Personal Details**

Date of birth: \_\_\_\_\_

Gender:            Male       Female

Marital status:      Married       Single       Divorced       Separated

Other \_\_\_\_\_ (please specify)

Please state your nationality or citizenship (for example, British, Irish, Polish):

\_\_\_\_\_

**Ethnic origins**

White                       Indian                       Pakistani

Bangladeshi                       Chinese                       Black African

Black-Caribbean                       Irish Traveller

Black-other  \_\_\_\_\_ (please specify)

Other  \_\_\_\_\_ (please specify)

A person has a disability 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" (Disability Discrimination Act 1995).

Do you in accordance with the above have a disability? Yes  No

If yes, please state nature of disability: \_\_\_\_\_

If no, have you ever had a disability? Yes  No

Have you any caring responsibility? Yes  No

Children  Relative(s)  Other  None

#### Religious affiliation and/or community background

CDHN is required by The Fair Employment and Treatment (NI) Order 1998 to monitor the perceived religious affiliation and/or community background of its employees and applicants. In accordance with the Monitoring Regulations 1999, we are asking you to 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 nor the Roman Catholic community