**MONITORING INFORMATION**

|  |
| --- |
| * This section is for monitoring purposes only; it will not be seen by the selection panel.
* This appointment will be made in accordance with equal opportunities legislation and all applicants will be treated fairly, with respect and without bias. No applicant will receive less favourable treatment than others because of his or her gender identity, sexual orientation, marital, family or part-time status, racial group (which includes colour, race, nationality, national or ethnic origin), religion, disability, age or trade union membership, non-membership or activities.
* Equal opportunities monitoring information may be collated and disclosed anonymously in the Public Appointments Annual Report - individual names will not be revealed.
 |

**EQUAL OPPORTUNITIES MONITORING**

The Northern Ireland Civil Service (NICS) is committed to ensuring that all eligible persons have equal opportunity for public appointments on the basis of their ability and aptitude for the role. Monitoring is carried out to help us ensure that our processes and procedures promote equality of opportunity as far as possible and therefore your help in completing and returning this monitoring form as part of your application would be appreciated. Please note the information you provide in this monitoring form will be detached from the information on the application form, held separately and will not be available to selection panels or to anyone else involved in the selection process. The information will be used for statistical purposes only and analysed independently by staff in the Northern Ireland Statistics and Research Agency (NISRA) in the strictest confidence. Thank you for your cooperation.

**National Insurance number**

Please enter your National Insurance Number below:

|  |
| --- |
|  |

**Gender**

Please tick one box:

|  |
| --- |
| [ ]  Male |
| [ ]  Female |

**Age**

Please give your date of birth:

|  |  |  |
| --- | --- | --- |
|     |    |      |
| Date(DD) | Month(MM) | Year (YYYY) |

**Community Background**

Please indicate your community background by ticking the appropriate box below:

|  |  |
| --- | --- |
| [ ]   | I have a Roman Catholic community background |
| [ ]   | I have a Protestant community background |
| [ ]   | I have neither a Protestant or Roman Catholic community background |

**Disability**

The Disability Discrimination Act (DDA) defines a disability as a “physical or mental impairment which has substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself to have a disability (Please tick one box below)

|  |
| --- |
| [ ]  Yes |
| [ ]  No |

**Race**

Please tick one box to indicate your race:

|  |  |
| --- | --- |
| [ ]  White | [ ]  Black African  |
| [ ]  Black Caribbean | [ ]  Bangladeshi |
| [ ]  Chinese | [ ]  Black Other |
| [ ]  Pakistani | [ ]  Indian |
|  |

Are you a member of a Mixed Ethnic Group?

|  |
| --- |
| [ ]  Yes |
| [ ]  No |

Are you a member of the Irish Travelling Community?

|  |
| --- |
| [ ]  Yes |
| [ ]  No |

If you are of other ethnic origin, please specify

|  |
| --- |
|  |

**Language**

Is English your first language? (Please tick one box below):

|  |
| --- |
| [ ]  Yes |
| [ ]  No |

**Sexual Orientation**

Please consider the statement below and tick one box:

My sexual orientation is towards someone:

|  |  |
| --- | --- |
| [ ]   | Of the same sex (this covers gay men and lesbians) |
| [ ]   | Of a different sex (this covers heterosexual men and women) |
| [ ]   | Of the same sex and of the opposite sex (this covers bisexual men and women) |

**Marital status**

Please indicate your marital status by ticking one box below:

|  |  |
| --- | --- |
| [ ]   | Single, that is never married or in a civil partnership |
| [ ]   | Married |
| [ ]   | Separated, but still legally married |
| [ ]   | Divorced |
| [ ]   | Widowed |
| [ ]   | In a civil partnership |
| [ ]   | Separated, but still legally in a civil partnership |
| [ ]   | Formerly in a civil partnership which is now legally dissolved |
| [ ]   | Surviving partner from a civil partnership |

**Dependants**

Do you have personal responsibility for the care of a child, or children, a person with a disability or a dependent older person?

|  |
| --- |
| [ ]  Yes |
| [ ]  No |

**ADDITIONAL INFORMATION**

1. Which sector would you consider best reflects your employment history over the course of your career?

|  |
| --- |
| [ ]  Private Sector |
| [ ]  Civil Service |
| [ ]  Other Public Sector |
| [ ]  Voluntary Sector |

Other, Please Specify:

|  |
| --- |
|  |

1. What is your highest level of educational attainment?

|  |
| --- |
| [ ]  No Qualifications |
| [ ]  GCSE/ O-level or equivalent |
| [ ]  A-level or equivalent |
| [ ]  Degree or higher |