**For Office Use Only**

**Applicant Ref: SFS/NW/**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monitoring Form**

NICHS is an Equal Opportunities Employer and our policy is to ensure that no job applicant receives less favourable treatment on the grounds of Race, Religious Belief, Political Opinion, Gender, Marital / Family Status or Sexual Orientation.

**Under the Fair Employment (NI) Act 1989, NICHS is required to seek the information below which will be treated in the strictest confidence and used for Monitoring purposes only**. **This sheet will be detached from the application form and will be made available to the Monitoring Officer only**. Failure to complete and return this form will result in disqualification.

**Please answer the following questions by selecting the appropriate statement**

**1. Gender: Male Female**

**2. Marital Status: Married Single Civil Partners**

**3. 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:

I am a member of the Protestant community: \_\_\_\_

I am a member of the Roman Catholic community: \_\_\_\_\_

I am not a member of either the Protestant or the Roman Catholic communities: \_\_\_\_

*If you do not answer the above question, we are encouraged to use the residuary method to make 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/personnel file.*

**4. Age**

Please state your date of birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Racial Group**

My Nationality is: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Disability:** The Disability Discrimination Act 1995 defines a disability as ‘a physical or mental impairment which has substantial and long term effect on a person’s ability to carry out normal day to day activities’.

**Do you consider that you are a disabled person?**

**Yes: \_\_\_\_ No: \_\_\_\_\_**

**If you answered yes, please indicate the nature of your impairment by selecting the appropriate statement/s:**

**Hearing impairment \_\_\_ Sensory impairment \_\_\_**

**Mobility impairment \_\_\_ Cognitive impairment \_\_\_**

**Learning disability or difficulties \_\_\_**

**Long-standing or progressive illness or health condition \_\_\_**

**Mental health condition \_\_\_**