

ANNEX A

EQUAL OPPORTUNITIES MONITORING

[FAILURE TO RETURN WILL RESULT IN DISQUALIFICATION]

Please tick as appropriate:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>
National Insurance Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This information will be used only for monitoring the effectiveness of the Cathedral Office for Northern Ireland’s equal opportunities policy and to comply with obligations under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998. It will not play a part in the appointment process and will be treated in the strictest confidence.

COMMUNITY BACKGROUND

Please tick the appropriate box:

I have a Protestant community background	<input type="checkbox"/>
I have a Roman Catholic community background	<input type="checkbox"/>
I have neither a Protestant nor a Roman Catholic community background	<input type="checkbox"/>

MARITAL STATUS

Please tick the appropriate box:

Single	<input type="checkbox"/>
Married/Co-habiting/Civil Partnership	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Separated/Divorced	<input type="checkbox"/>

DEPENDANTS

Do you have dependants?

Yes No

SEXUAL ORIENTATION

My sexual orientation is towards someone:

Of the same sex	<input type="checkbox"/>
A different sex	<input type="checkbox"/>
Both sexes	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

PLEASE ALSO COMPLETE THE ADDITIONAL PAGE

ETHNIC ORIGIN

Bangladeshi

Pakistani

White

Black African

Black Caribbean

Black Other

Chinese

Indian

Irish Traveller

Mixed Ethnic Group

Any other ethnic group:

Please identify: _____

AGE:

Under 24

25 – 34

35-44

45-54

55-64

65 +

NATIONALITY: _____ DATE OF BIRTH: _____

DISABILITY

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets the definition of disability.

Do you consider yourself to have a disability?

Yes No

Please tick the category or categories which apply to you:

- Hearing impairment
- Visual impairment
- Speech impairment
- Mobility impairment
- Physical co-ordination difficulties
- Reduced physical capacity
- Severe disfigurement
- Learning difficulties
- Mental illness/mental health difficulty

How did you see the advertisement in.

Website

Other (Please specify): _____

Thank you.