

**Ref No: BA/May 24/**

**EQUAL OPPORTUNITIES MONITORING FORM**

**CONFIDENTIAL**

**MONITORING QUESTIONNAIRE**

**GUIDANCE NOTES:**

North City Business Centre (NCBC) is fully committed to Equal Opportunities. 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..

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies.

Your identity will be kept anonymous and your answers will be treated with the strictest confidence. The information provided will not be made available to those considering your application.

**COMMUNITY BACKGROUND**

Please indicate the community to which you belong by ticking the appropriate box below:

I have a Protestant community background:

I have a Roman Catholic community background:

I have neither a Protestant nor a Roman Catholic

community background:

**GENDER**

Please indicate your gender by ticking the appropriate box below:

Male

Female

**AGE**

Please state your date of birth:

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RACE:**

Please tick one box below to indicate your race.

White  Chinese

Irish Traveller  Indian

Pakistani  Bangladeshi

Black Caribbean  Black African

Black Other

Mixed ethnic group (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other ethnic group (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEXUAL ORIENTATION**

My sexual orientation is towards:

Persons of a different sex to me:

Persons of the same sex as me:

Persons of both sexes:

**DISABILITY**

Under the *Disability Discrimination Act 1995* a person is deemed to be a disabled person 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. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider yourself to have disability?

Yes:  No:

**If “yes”, please indicate the nature of your disability below:**

……………………………………………………………………….................................

**MARITAL STATUS/CIVIL PARTNERSHIP STATUS**

Are you married or in a civil partnership?

Yes:  No:

**DEPENDANTS/CARING RESPONSIBILITIES**

Do you have dependants, or caring responsibilities for family members or other persons?

Yes:  No:

Are your dependants or the people your look after?

(Please tick the appropriate box or boxes):

A child or children:

A disabled person or persons:

An elderly person or persons:

Other:

If “Other”, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank You for Providing this Information**

**Closing Date: 5 pm on Friday 14 June 2024**