Equal Opportunities Monitoring Form QuestionnaireGuidance notes are on the reverse of this form

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|--|-----------------|---------|------------------------------|----------------|------------|---|---------------------|--|--|
| NATIONAL INSURANCE NUMBER – please specify | | | | | | | | | |
| AGE – please enter your date of birth [dd/mm/yyyy] | | | | | | | | | |
| Sex – please state whether Male or Female | | | | | | | | | |
| COAMALINITY PACKCROLINID | | | | | | | | | |
| COMMUNITY BACKGROUND | | | | | | | | | |
| I am (please state Yes to one of the following) | | | | | | | | | |
| A member of the Protestant Community | | | | | | | | | |
| A member of the Roman Catholic Community | | | | | | | | | |
| Not a member of either the Protestant or Roman Catholic Communities | | | | | | | | | |
| DISABILITY | | | | | | | | | |
| | | | | | | | | | |
| I have (please state Yes to any of the following) | | | | | | | | | |
| No disability | | | | | | | | | |
| A physical impairment, such as difficulty using arms, or mobility requiring a wheelchair or crutches | | | | | | | | | |
| A sensory impairment, such as blind/visual impairment or deaf/hearing impairment | | | | | | | | | |
| A mental health condition, such as depression or schizophrenia | | | | | | | | | |
| A learning disability, such as Down's syndrome, dyslexia or cognitive impairment such as autism | | | | | | | | | |
| A long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy | | | | | | | | | |
| MADITAL STATUS | | | | | | | | | |
| MARITAL STATUS I am (please state Yes to one of the following) | | | | | | | | | |
| Single (never married) | | | Married (living with spouse) | | | | Married (separated) | | |
| Civil Partnership (same sex) | | | Divorced | | | | Widowed | | |
| Other (please state) | | | | | | | | | |
| | | | | | | | | | |
| DEPENDENTS/CARING F | | | | | | | | | |
| Please indicate if you have dependents or persons for whom you have caring responsibilities | | | | | | | | | |
| No dependents or caring responsibilities | | | Child or children | | | D | Disabled person(s) | | |
| Elderly person(s) | | | | Other (pleas | se state) | | | | |
| SEXUAL ORIENTATION My sexual orientation is towards: | | | | | | | | | |
| Persons of a different sex to me, I am a heterosexual man or woman | | | | | | | | | |
| Persons of the same sex as me, I am a gay man or lesbian | | | | | | | | | |
| Persons of both | n sexes, I am a | a bisex | ual mai | n or woman | | | | | |
| | | | | | | | | | |
| ADVEDTICING Places | nama any na | wenan | orc and | Var wahsitas i | whore very | | of this ich | | |

GUIDANCE AND SUMMARY OF THE EQUAL OPPORTUNITIES POLICY

Erne Integrated College (EIC) is an Equal Opportunities Employer. It is the policy of EIC to provide equality of opportunity to all persons regardless of their religious belief, political opinion, sex, pregnancy or maternity-related issues, race, age, sexual orientation, whether they are married or in a civil partnership, whether they are disabled, or whether they have undergone, are undergoing, or intend to undergo gender reassignment.

We do not discriminate against job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively. In this questionnaire we are asking you to provide us with some personal information about yourself. We are doing this for two reasons:

- 1. To demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide will assist us in measuring and developing the effectiveness of our equal opportunities policy and to develop any affirmative action policies.
- 2. We monitor the community background and sex of our job applicants and employees in order to comply with the monitoring regulations associated with the Fair Employment and Treatment Order (NI) 1998. If you answer the questions about community background and sex you are obliged to do so truthfully, as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions. If you do not answer the question on community background, we are encouraged to use the residuary method of monitoring, which means that we will make a determination of your community background on the basis of the personal information supplied by you in your job application form and/or personnel file.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so.

Access to this information will be strictly controlled and will not be available to those considering an application for employment. Monitoring will involve the use of statistical summaries of information in which the identity of individuals will not appear.

The information will only be used for monitoring the effectiveness of EIC's Equal Opportunities Policy and to comply with its obligations relating to monitoring, investigations or proceedings relating to the requirements of the Fair Employment and Treatment Order and other equality legislation that is applicable in Northern Ireland.