

IN CONFIDENCE

PART 7: EQUAL OPPORTUNITIES MONITORING

(Return with your application form)

PLEASE NOTE THIS FORM IS REGARDED AS PART OF YOUR APPLICATION AND FAILURE TO COMPLETE AND RETURN IT WILL RESULT IN DISQUALIFICATION

Please ensure that you read the notes for guidance in the Candidate Information Pack before you complete this part of your application form.

It is the policy of the Northern Ireland Civil Service and Northern Ireland Office to ensure that all eligible persons have equal opportunity for employment and advancement in the NICS/NIO on the basis of their ability, qualification and aptitude for the work. The NICS/NIO selects those suitable for appointment solely on the basis of merit without regard to an individual's disability, race, age, gender, religious belief, political opinion, marital or dependants status or sex orientation. Monitoring is carried out to ensure that the equal opportunity policy of the NICS/NIO is effectively implemented. For further details of what characteristics are monitored, the use that is made of this information and the steps taken to protect the confidentiality of individual records please see the Equal Opportunities Section of the Candidate Information Booklet.

Gender

Male

Female

National Insurance Number

Please provide your National Insurance

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Age

Please give your date of birth:

Day	Month	Year

Community Background

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

- I have a Protestant community background
- I have a Roman Catholic community background
- I have a neither a Protestant or Roman Catholic community background

Disability

The Disability Discrimination Act (DDA) defines disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carryout normal day to day activities". The Equality section in the Candidate Information booklet gives an explanation of this definition. Please read that section and then answer the question below.

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

- Yes
- No

Race

Please tick one box below to indicate your race:

<input type="checkbox"/>	White	<input type="checkbox"/>	Black African
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Black Other
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Indian

Are you a member of a Mixed Ethnic Group?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Are you a member of the Irish Travelling Community?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you are of other ethnic origin, please specify in the space below:

Language

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Sexual Orientation

Please consider the statement below and tick one box:

My sexual orientation is towards someone:

<input type="checkbox"/>	Of the same sex (this covers gay men and lesbians)
<input type="checkbox"/>	Of a different sex (this covers heterosexual men and women)
<input type="checkbox"/>	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:

<input type="checkbox"/>	Single, that is never married or in a civil partnership
<input type="checkbox"/>	Married
<input type="checkbox"/>	Separated, but still legally married
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	In a civil partnership
<input type="checkbox"/>	Separated, but still legally in a civil partnership
<input type="checkbox"/>	Formerly in a civil partnership which is now legally dissolved
<input type="checkbox"/>	Surviving partner from a civil partnership

Dependants

Do you have a personal responsibility for the care of a child or children, a person with a disability or a dependant older person? Please tick 1 box:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

