# Equal Opportunities Monitoring Form

# Single Lead Employer

# Please return completed forms to SLE@hscni.net

NIMDTA is committed to equality of opportunity for all staff and job applicants. NIMDTA selects those suitable for employment and advancement solely on the basis of merit and is also monitoring its activities to ensure that its equal opportunity policy is effectively implemented. Section 75 of the Northern Ireland Act 1998, also requires us to promote equality of opportunity on the basis of all nine categories. To assist in this monitoring process, it is necessary to ask you a number of questions:

1.	Date of Birth:			/	/		
2.	Sex:	Male		Female			
	Gender:	Male		Female		In Another Way	
3.	Marital Status:		Single		Married/Ci	vil Partnership	Other

4. **Community Background:** We are required to monitor the community background of applicants and employees under the Fair Employment and Treatment (NI) Order 1998. Regardless of whether you actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities. We therefore ask you to indicate your community background by ticking the appropriate box below. If you do not provide this information, it is required under Fair Employment Legislation that we make a determination of your perceived religious affiliation using the Residuary Method of Monitoring. Please note that it is an offence under the Fair Employment and Treatment (NI) Order1998 to give false information.

a)	I am a member of the Protestant Community
b)	I am a member of the Roman Catholic Community
c)	I am a member of neither the Protestant nor the Roman Catholic Community

#### 5. Religious Belief: Please indicate if you practice a particular religion by selecting one option below:

Buddhist	Christian	Hindu	Jewish	Muslim
Sikh	None	Other		



Bangladeshi	Black African	Black Caribbean	Black Other	Chinese
Filipino	Indian	Irish Traveller	Mixed Ethnicity	Pakistani
White	Other			
7. Nationality: Please indicate your nationality by selecting one option below:				
British	English	Scottish	Northern Irish	Welsh
Irish	Indian	Filipino	Latvian	Lithuanian
Pakistani	Polish	Portuguese	Other	

6. Ethnic Group: Please indicate if you belong to a particular ethnic group by selecting one option below:

- 8. Do you have caring responsibilities for: (Please tick each box that applies to your circumstances)
- a) A child (or children)
- b) A dependent older person
- c) A person with a disability
- d) None of the above

**9. Disability:** The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. "Normal day-to-day activities" listed in the Act are mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry or otherwise move everyday objects, speech, hearing or eyesight, memory or ability to concentrate, learn or understand, or perception of the risk of physical danger.

Having read the definition above, do you consider yourself as having a disability?

Yes No

If you take medication, treatment, or have prosthesis to manage your condition, would you consider that you had a disability if you were without these? If so, you should answer 'yes' to the above question.

# If you have answered yes to question 9 overleaf, please indicate the type of impairment(s) by ticking below. Please tick all that apply to you:

A long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

A learning disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment such as Autism

A mental health condition, such as depression or schizophrenia

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

Other

## **10. Sexual Orientation:** Please indicate if your sexual orientation is towards someone:

	Of the opposite sex	Of the same sex	Of both the same and opposite sex
l do	not wish to answer		
11.	Political Opinion: Please indicate	your political opinion by selecti	ing one option below:

Broadly Nationalist	Broadly Unionist	Other
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I do not wish to answer

12. Are you currently an employee of the Northern Ireland Medical & Dental Training Agency?

Yes No

## Thank you for completing the equal opportunities monitoring form. Please return completed forms to SLE@hscni.net

## Monitoring Information & Data Protection

Access to this information will be strictly controlled. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. Whilst NIMDTA will treat the information given on this monitoring form as private and confidential, employees are advised that legal processes may require NIMDTA to disclose the information given to certain statutory bodies, and, in some circumstances, open Tribunal. Employees should complete the form in the knowledge that it will be processed in line with requirements of the Data Protection Act, 2018.

The information will subsequently be transferred to the monitoring system operated by NIMDTA where it will be strictly controlled in accordance with an agreed Code of Practice.