

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

- | | | | | |
|-------------|---------------|-----------------|-----------------|-----------|
| 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 | |

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

I do not wish to answer

11. Political Opinion: Please indicate your political opinion by selecting one option below:

Broadly Nationalist

Broadly Unionist

Other

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.