

Please fill in your
National Insurance Number

EQUAL OPPORTUNITIES MONITORING

You are encouraged to complete and return this questionnaire so as to enable the Trust to monitor the effectiveness of its Equal Opportunity Policy. This also complies with the duties set out under Section 75 of the NI Act 1998 which require the Trust to promote equality of opportunity based on the following categories:-

- (1) Date of Birth:
- (2) Sex:
- (3) Marital Status: Single Married/Civil Partnership Other
- (4) **Community Background:** To demonstrate the Trust's commitment to equality of opportunity in employment it needs to monitor the community background of employees, as required by the Fair Employment and Treatment (NI) Order 1998. **Please note that it is an offence under this Order to give false information to the Trust.**
- I am a member of the Protestant community
- I am a member of the Roman Catholic community
- I am a member of neither the Protestant nor the Roman Catholic community
- (5) **Religious Belief:** The Trust recognises that there may be occasions where religious belief differs from community background and would therefore ask you to indicate your religious belief by ticking one box:
- Muslim Hindu Sikh Jewish Buddhist Christian
- None Other (please specify) _____
- (6) **Political Opinion:** Please tick the appropriate box to indicate your political opinion:
- Broadly Unionist Broadly Nationalist Other
- I do not wish to answer
- (7) **Ethnic Origin:** Please indicate to which of these ethnic groups you consider you belong:
- | | | | | | |
|----------|---|-----------------|---|--------------------|---|
| White | <input style="width: 40px; height: 20px;" type="text"/> | Black African | <input style="width: 40px; height: 20px;" type="text"/> | Bangladeshi | <input style="width: 40px; height: 20px;" type="text"/> |
| Chinese | <input style="width: 40px; height: 20px;" type="text"/> | Irish Traveller | <input style="width: 40px; height: 20px;" type="text"/> | Pakistani | <input style="width: 40px; height: 20px;" type="text"/> |
| Indian | <input style="width: 40px; height: 20px;" type="text"/> | Black Caribbean | <input style="width: 40px; height: 20px;" type="text"/> | Mixed Ethnic Group | <input style="width: 40px; height: 20px;" type="text"/> |
| Filipino | <input style="width: 40px; height: 20px;" type="text"/> | Black Other | <input style="width: 40px; height: 20px;" type="text"/> | | |
- Any Other Ethnic Group (please specify) _____
- (8) **Nationality:** Please specify your nationality e.g. British, Irish, Polish, Lithuanian, Portuguese, etc:
- _____
- (9) **Caring Responsibilities:** Do you have caring responsibilities? Please tick each box that applies to your circumstances:
- | | |
|--|--|
| Child (or children) <input type="checkbox"/> | Dependent older person(s) <input type="checkbox"/> |
| Person(s) with a disability <input type="checkbox"/> | None <input type="checkbox"/> |



(10) **Sexual Orientation:** My sexual orientation is towards someone:

- Of the opposite sex Of the same sex Of the same sex and of the opposite sex
 I do not wish to answer

(11) **Disability:** The Trust is encouraging staff to notify it if they have a disability in order that it can make any necessary reasonable adjustments under the Disability Discrimination Act 1995. The Act 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 this definition, do you consider yourself as having a disability? Yes No

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

If YES, please indicate which type of impairment applies to you: (please tick all that apply to you)

- Physical impairment, such as difficulty using arms or mobility requiring a wheelchair or crutches
 Sensory impairment, such as blind/visual impairment or deaf/hearing impairment
 Mental health condition, such as depression or schizophrenia
 Learning disability, such as Down's Syndrome, dyslexia or Cognitive Impairment such as autism
 Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
 Other than above (please specify) _____

Are there any practical steps which the Trust might consider taking which would assist you in carrying out your duties, or any other assistance you may require e.g. a vibrating pager, a buddy system, etc. to aid your evacuation from a building in the event of an emergency? (Continue on a separate page if necessary.)

Do you wish to speak, in confidence, to the Disabled Persons Liaison Officer (DPLO) about your disability in relation to your job?

- Yes No

If YES, the DPLO will contact you as soon as possible. Please indicate how she should do this:

Telephone No: Work _____ Ext _____ Home/Mobile _____

By Letter: Address _____

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 the Trust will treat the information given on this monitoring form as confidential, staff are advised that legal processes may require the Trust to disclose this information to certain statutory bodies, and, in some circumstances, open Tribunal. Employees should complete this form in the knowledge that it will be processed in line with the requirements of the Data Protection Act 1998.

Thank you for your co-operation.