

**MONITORING QUESTIONNAIRE**REF: **\*\*\*Strictly Confidential\*\*\***

We are an equal opportunities employer. We aim to provide equality of opportunity and not to discriminate against any job applicant.

The questionnaire asks you to provide personal information which will be treated in the strictest of confidence and protected from misuse and will not form part of your application. It will be used only for the purpose of monitoring our equal opportunity employment policy.

**Part A: Religion**

**Please indicate your religion or the religion to which you would be perceived to belong by ticking the appropriate box below:**

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

**Part B: Sex**

**Please indicate your gender by ticking the appropriate box below:**

Male

Female

**Part C: Date of Birth**

Please state your date of birth:

Date of Birth: \_\_\_\_\_

**Part D: Racial Group**

Please state country of birth:

My country of birth is: \_\_\_\_\_

Please state your nationality: \_\_\_\_\_

Which of the following applies to you:

White	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Irish traveller	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Black Other	<input type="checkbox"/>

**Part E: Disability**

Do you consider that you are a disabled person?

Yes  No

*If you have answered yes, please indicate your impairment below;*

**Physical**, such as difficulty using arms, mobility issues requiring a wheelchair or crutches.

**Sensory**, such as being blind, or serious visual impairment, deaf or serious hearing implant.

**Mental**, such as depression or schizophrenia.

**Learning**, such as down's syndrome or dyslexia or autistic.

**Illness**, such as Cancer, HIV, Diabetes, Epilepsy or Chronic Heart Disease.

**Other (Please Specify).**

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**Part F: Marital Status/Civil Partnership**

Please indicate whether you are married or in a civil partnership:

Yes  No