

## get that job: application form tips

**Equal Opportunities Monitoring Form: page 1 of 2****Equal Opportunities Monitoring**

This is optional but is a sign that the employer takes this topic seriously (employers in Northern Ireland are obliged to measure this kind of information). Forms are separated from applications before the selection process starts and are for monitoring purposes only. If you have a strong objection, you can choose not to fill it in.

**This information will be treated in the strictest confidence and will be used only for statistical monitoring. It is not part of the selection process and will be separated from the application prior to shortlisting.**

**We are committed to equal opportunities for all, irrespective of race, colour, creed, ethnic or national origins, gender, marital status, sexuality, disability or age.**

**So that we can monitor the implementation of our policy we are seeking your help. It would be of great assistance in pursuing our commitment to equal opportunities if you would complete this monitoring form.**

**Please indicate your Ethnic Origin**

	<b>Male</b>	<b>Female</b>
<b>Asian / Asian British</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Black / Black British</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Middle / Near Eastern</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mixed Ethnic Group</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>White</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Black Other</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please specify below)</b>		

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**Equal Opportunities Monitoring Form: page 2 of 2****Disability**

	Yes	No
<b>Do you consider yourself to have a disability?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If yes, which of the following descriptions best describes your disability?</b>		
<b>Visual (NOT corrected by wearing glasses or contact lenses)</b>	<input type="checkbox"/>	
<b>Co-ordination, dexterity or mobility</b>	<input type="checkbox"/>	
<b>Mental health</b>	<input type="checkbox"/>	
<b>Speech</b>	<input type="checkbox"/>	
<b>Learning difficulties</b>	<input type="checkbox"/>	
<b>Hearing</b>	<input type="checkbox"/>	
<b>Combination of above or other physical or medical conditions - please specify below</b>		

**Religion**

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

<b>I am a member of the Protestant community</b>	<input type="checkbox"/>
<b>I am a member of the Roman Catholic community</b>	<input checked="" type="checkbox"/>
<b>I am a member of neither the Protestant nor the Roman Catholic community</b>	<input type="checkbox"/>

**This information is required to enable us to fulfil the requirements of The Fair Employment (Northern Ireland) Act 1989**