



## **MONITORING FORM**

The Monitoring Form will be separated from the Application Form on receipt by the Monitoring Officer and will not be seen by any of the recruitment panel.

### **EQUALITY OF OPPORTUNITY**

NHL is an Equal Opportunity Employer. We do not discriminate on grounds of religious belief, political opinion, gender, disability, age, race, nationality or ethnic origin, sexual orientation, gender reassignment, marital or civil partnership status. We monitor the community background and gender of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the Fair Employment & Treatment (NI) Order 1998. We also monitor ethnic minorities and disability to demonstrate our commitment to promoting equality of opportunity in employment. We aim to select the best person for the job, and all recruitment decisions will be made objectively. You are not obliged to answer the questions on this form, and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions. Your answers will be used by us to ensure equality of opportunity in employment policies and recruitment practices and to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards, your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

#### **Section A**

Please indicate the community to which you belong by ticking the appropriate box.

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

#### **Section B**

Please indicate your gender by ticking the appropriate box.

I am a Male

I am a Female

#### **Section C**

Under the Disability Discrimination Act 1995, a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term effect on his/her ability to carry out normal day-to-day activities. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

Do you consider that you meet this definition of disability?    
Yes No



## MONITORING FORM

If Yes, please indicate the nature of your disability by ticking the appropriate box or boxes below:

**Physical impairment** – such as difficulty using your arms or mobility issues requiring you to use a wheelchair or crutches

**Sensory impairment** – such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment

**Mental health condition** – such as depression or schizophrenia

**Learning disability or difficulty** – such as Down syndrome or dyslexia, or Cognitive impairment, such as autistic spectrum disorder

**Long-standing or progressive illness or health condition** – such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease

**Other** (please specify):

If you have ticked any of the boxes above, please provide full details of any disability:

### Section D

Please indicate your ethnic origin by ticking the appropriate box.

White  Indian  Irish Traveller  Pakistani

Black-Caribbean  Bangladeshi  Black-African  Chinese

Mixed Ethnic Group (please specify)

Black – Other (please specify)

Other – (please specify)

Please specify your nationality:

Note: if you answer sections A and/or B of this questionnaire, you are obliged to do so truthfully, as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.