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| **MONITORING FORM** |
| To demonstrate the Golden Thread Gallery’s commitment to equality of opportunity in employment we must monitor the community background of our employees and job applicants as required by the Fair Employment (Northern Ireland) Act 1989. We are asking you to help us by indicating below the community background to which you belong.  **(*Please √ appropriate box*)** |
| **Section 1**: **Your Religious Belief** | **Section 2: Your Marital Status** |
| ProtestantRoman CatholicOther religious faith:*Please specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No religious beliefNot disclosed | Single, that is never marriedMarried and living with husband/wifeIn a Civil PartnershipSeparatedDivorcedWidowed |
| ***NB. Please note that in relation to Section 1 above it is an offence for any person knowingly to give false information to another who is seeking this information in order to make a monitoring return.*** |  |
| **Section 3: Your Racial Group My Nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| WhiteChineseIrish TravellerIndianPakistaniBangladeshi | Black African Black CaribbeanBlack OtherMixed ethnic group*Please state which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Other ethnic group*Please state which \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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|  | **Section 5: Age** |
|  | Please provide your date of birth **or** √ the appropriate Age Band: D.O.B.  |
|  | Age Band: | 16-21 | 22-30 | 31-40 |
|  | 41-50 | 51-60 | 61-64 | 65+ |
|  | **Section 6: My Sexual Orientation is towards someone:** |
|  | Of the same sex | A different sex | Both |
|  | **Section 7: Dependants – with a responsibility for: *(please tick each box that applies to you)*** |
|  | Do you have responsibility for the care of: |
|  | A Child/Children?A dependent elderly person?No caring responsibilities | A person with a disability?Other *Please Specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 8: Disability** |
| The Disability Discrimination Act considers a person disabled if:* You have a long standing physical or mental condition or disability that has lasted or is likely to last at least 12 months, and
* This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as set out under the Disability Discrimination Act? ***(Please tick ‘Yes’ or ‘No’)***YesNo |

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|  If Yes, please state the type of disability below: |
|  | 1. **Physical Impairment**, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
2. **Sensory Impairment**, such as being blind/having a visual impairment or being deaf/having a serious hearing impairment.
3. **Mental Health Condition**, such as depression or schizophrenia.
4. **Learning Disability/Difficulty** (such as Down’s syndrome or dyslexia) or **Cognitive Impairment** such as autistic spectrum disorder.
5. **Long Standing illness or health condition** such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
6. Other (*please specify*)
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| It can help us to ensure effective involvement of everyone if we can identify anything that poses a barrier to your full participation in the workplace. What are the biggest barriers for you in doing what you want to do in this organisation? *Please specify*: |
| **Section 9: Advertising** |
| Please indicate below how you became aware of this vacancy to allow us to assess the effectiveness of our advertising. |
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| **Thank You for Providing this Information** |