

## MONITORING FORM



**Monitoring Reference Number:** \_\_\_\_\_

The Roe Park Resort is an Equal Opportunities Employer and we want to ensure that we are providing an equality of opportunity for all applicants and employees regardless of their religious belief, political opinion, sex, race, age, sexual orientation or whether they are married or are in civil partnership or whether they are disabled or they have undergone, or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons:

Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

Secondly, we also monitor the community background and sex of our job applicants and employees in order to comply with our duties under the Fair Employment & Treatment (NI) Order 1998.

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 the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

The Community Background and Gender questions are required by Fair Employment Legislation and it is good practice that we monitor the other categories contained in this form.

The form will be used solely for monitoring purposes and statistical analysis and will not be seen or considered by the selection panel.

### Community Background

Regardless of whether we practice religion, most of us in Northern Ireland are perceived to be members of either Catholic or Protestant communities. We are therefore asking you to indicate your community background 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 Roman Catholic Community

*If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personal file.*

### Sex

Please indicate your sex by ticking the appropriate box below:

Male

Female

*If you answer these questions about community background and sex 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.*

**Racial Group**

Please state your nationality: My Nationality is: \_\_\_\_\_

*For example, Polish, Latvian, Portuguese, German, other – please specify*

Please indicate your race or colour or ethnic or national origins:

White	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Black Other	<input type="checkbox"/>		

Mixed ethnic group (please state which): \_\_\_\_\_

Any other ethnic group (please state which): \_\_\_\_\_

**Age**

Please state your date of birth: \_\_/\_\_/\_\_

**Disability**

*Under the Disability Discrimination Act 1995 a person is deemed to be a disabled person if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or 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 are a disabled person?

Yes  No

If yes, please state the type of disability

Mental Health Condition  Sensory impairment

Learning Disability/Difficulty  Long-standing or progressive illness or health condition

Physical Disability

**Sexual Orientation**

My Sexual Orientation is towards:

Persons of a different sex to me

Persons of the same sex as me

Persons of both sexes

**Marital Status / Civil Partnership Status**

Are you married or in a civil partnership?

Yes  No

**Dependants / Caring Responsibilities**

Do you have dependants, or caring responsibilities for family members or other persons?

Yes  No

If you answered 'yes', please indicate whether your dependants or the people you look after are:

A child or children

A disabled person or persons

An elderly person or persons

Other

Please specify \_\_\_\_\_