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Reference Number:

**Equal Opportunities Monitoring**

Camphill Community Clanabogan is committed to equality of opportunity for all staff and job applicants. CCC selects those suitable for employment and advancement solely on the basis of merit and is also monitoring its activities to ensure that its equal opportunity policy is effectively implemented. Section 75 of the Northern Ireland Act 1998 requires us to promote equality of opportunity on the basis of all nine categories.

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| **Year of Birth:** | | | | | | **Sex:** Male  Female  N/A | | | | | | | | | | | | **Marital Status:** Single  Married/Civil Partnership  Other | | | | | | | | | | | | | |
| **Community Background:** We are required to monitor the community background of applicants and employees under the Fair Employment and Treatment (NI) Order 1998. Regardless of whether you actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities. We therefore ask you to indicate your community background by ticking the appropriate box below. If you do not provide this information, it is required under Fair Employment Legislation that we make a determination of your perceived religious affiliation using the Residuary Method of Monitoring.  **Please note that it is an offence under the Fair Employment and Treatment (NI) Order 1998 to give false information.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Religious Belief:** Please indicate if you practice a particular religion by ticking one box. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Buddhist | | | | Christian | | | | | Hindu | | | Jewish | | Muslim | | | | | | Sikh | | | None | | | | | | Other | | |
| **Ethnic Group:** To which of these ethnic groups do you consider you belong? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bangladeshi | | | | | Black African | | | | | Black Caribbean | | | | | | | Black Other | | | | | | | Chinese | | | | | Filipino | | Indian |
| Irish Traveller | | | | | Mixed Ethnic Group | | | | | | | | Pakistani | | | | White | | | | Other | | | | |  | | | | | |
| **Nationality:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| British | | English | | | | | | Filipino | | | Indian | | | | Irish | | | | Latvian | | | | | | Lithuanian | | | | | Northern Irish | |
| Pakistani | | | Polish | | | | | | Portuguese | | | | Scottish | | | | Welsh | | | | | Other | | | | |  | | | | |
| **Do you have caring responsibilities for:** (tick each box that applies to your circumstances) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a child (or children) | | | | | | | a dependent older person | | | | | | | | | a person(s) with a disability | | | | | | | | | | | | None | | | |
| **Disability: The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. "Normal day-to-day activities" listed in the Act are mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger.**  **(If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these? If so, you should answer `yes' below.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Having read this definition, do you consider yourself as having a disability? **YES**  **NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, please indicate the nature of your disability.** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |

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| **Sexual Orientation**: My sexual orientation is towards someone: | | | |
| Of the opposite sex |  | Of the same sex and of the opposite sex |  |
| Of the same sex |  | I do not wish to answer |  |
| **Political Opinion:** Please tick the appropriate box to indicate your political opinion. | | | |
| Broadly Nationalist |  | Broadly Unionist |  |
| Other |  | I do not wish to answer |  |

Access to this information will be strictly controlled. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. Whilst CCC will treat the information given on this monitoring form as private and confidential, staff are advised that legal processes may require CCC to disclose the information given to certain statutory bodies, and, in some circumstances, open Tribunal. Employees should complete the form in the knowledge that it will be processed in line with requirements of the General Data Protection Regulations.