**Friends’ School Lisburn**

**EQUAL OPPORTUNITIES MONITORING FORM, HE25**

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| **PLEASE ENSURE THAT YOU COMPLETE THIS EQUAL OPPORTUNITIES MONITORING FORM**  **Access to this information will be strictly controlled and will not be available to those considering your application for employment. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be available for any purpose other than equal opportunities monitoring.** |

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| Friends’ School is fully committed to equality of opportunity. All applications are considered strictly on the basis of merit. Friends’ School welcomes applications from all suitably qualified candidates irrespective of religious belief, gender, disability, race, political opinion, age, marital status, sexual orientation or whether or not they have dependants. The School is required to monitor the gender, ethnic origin, community background and disability of candidates to ensure that equal opportunities measures are effective. Applicants are, therefore, asked to complete this form. The information is purely for monitoring purposes. It is not made available to the Selection Panel and does not play a role in the decision-making process. | | | | | | | | | | | | | | | | | | | |
| **DATE OF BIRTH** | | |  | | | | | | | | | | | | | | | | |
| Please tick the appropriate box | | | | | | | | | | | | | | | | | | | |
| **GENDER** | | | | | | | | | | | | | | | | | | | |
| Are you | Male | | | |  | | Female | | |  | | |  | | | | | | |
| **MARITAL STATUS** | | | | | | | | | | | | | | | | | | | |
| Are you | Married | |  | | Single |  | | Divorced | | |  | | Separated | |  | | Other | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **HAVE YOU ANY CARING RESPONSIBILITY?** | | | | | | | | | | | | | | | | | | | |
| Children | |  | | Relatives | |  | | | Other | | |  | | None | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **COMMUNITY BACKGROUND**  The Fair Employment and Treatment (Northern Ireland) Order 1998 outlaws discrimination on the basis of religious belief or political opinion. The information below is required in connection with the requirements of the above Order. The use and confidentiality of Community Background information is protected by the Fair Employment and Treatment (Northern Ireland) Order 1998. It will be used only for monitoring the effectiveness of the school’s equal opportunity policy and to comply with obligations relating to monitoring, investigations or proceedings under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998. | | | | | | | | | | | | | | | | | | | |
| I have a Protestant community background | | | | | | | | | | | | | | | |  | | | |
| I have a Roman Catholic community background | | | | | | | | | | | | | | | |  | | | |
| I have neither a Protestant nor a Roman Catholic background | | | | | | | | | | | | | | | |  | | | |

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| **RACE**  The Race Relations (Northern Ireland) Order 1997 makes it unlawful to discriminate in employment on grounds of colour, race, nationality or ethnic or national origins. Friends’ School monitors its workforce in line with recommended good practice. | | | | | | | | |
| Please tick appropriate box  Are you | | | | | | | | |
| White |  | Of Black African Origin | | | | |  | |
| Of Black Caribbean Origin |  | Of Bangladeshi Origin | | | | |  | |
| Of Chinese Origin |  | Of Indian Origin | | | | |  | |
| Of Pakistani Origin |  | Of Other Origin (please specify) | | | | |  | |
| Are you a member of a mixed ethnic group? | | YES | |  | NO | |  | |
| Are you a member of the Irish Traveller Community? | | YES | |  | NO | |  | |
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| **DISABILITY**  The Disability Discrimination Act 195 makes it unlawful for an employer to treat a disabled person less favourably than someone else because of their disability, unless there is good reason. | | | | | | | | |
| Do you consider yourself to have a disability? | | YES |  | | | NO | |  |
| Under the Disability Discrimination Act 1995, disability is defined 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”. | | | | | | | | |
| Using this definition do you consider yourself to have a disability? | | YES |  | | | NO | |  |
| If you have answered “no” please ignore the remaining questions in this section.  If you have answered “yes” please complete the remaining section. | | | | | | | | |
| Hearing Impairment |  | Reduced Physical Capacity | | | | | |  |
| Visual Impairment |  | Severe Disfigurement | | | | | |  |
| Speech Impairment |  | Learning Difficulties | | | | | |  |
| Mobility Impairment |  | Mental Illness/Mental Health Difficulty | | | | | |  |
| Physical Co-ordination Difficulties |  | Other | | | | | |  |