**REF: TO02.23/**

|  |
| --- |
| **EQUAL OPPORTUNITIES MONITORING INFORMATION** |

Ulster GAA is committed to promoting equality and diversity. It is our policy to provide employment equality to all, irrespective of gender, including gender reassignment, martial or civil partnership status, having or not having dependants, religious belief or political opinion, race, disability, sexual orientation and age.

We are opposed to all form of unlawful and unfair discrimination. All job applicants, employees and others who work and volunteer for us will be treated fairly and will not be discriminated against on any of the above grounds. Decisions about recruitment and selection, promotion, training or any other benefit will be made objectively.

**STATUTORY MONITORING REQUIREMENTS:**

Since 1990, under Fair Employment Legislation, specified public authorities and registered employers have a legal duty to monitor the community background and sex composition of their workforces. To enable us to comply with this, please indicate the following:

**Community Background:**

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. Please indicate the community to which you belong or are perceived to belong to, by ticking the appropriate box below:

|  |  |
| --- | --- |
|  | Protestant community |
|  | Roman Catholic community |
|  | I am not a member of either the Protestant or the Roman Catholic communities |

*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/personnel file.*

**Sex:**

Please indicate your sex by ticking the appropriate box below:

|  |  |
| --- | --- |
|  | Male |
|  | Female |

**Note: If you answer 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.**

**VOLUNTARY MONITORING:**

We do not have a legal duty to collect the following information; however, as an Organisation with a commitment to Equality we would ask that you also answer the following questions:

**Disability:**

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 adverse effect on his/her ability to carry out normal day to day activities. Do you consider that you meet this definition of disability?

Yes No 

If you have answered yes, please state the nature of the impairment:

|  |
| --- |
|  |

**Date of Birth:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Day | Month | Year |

Please state your date of birth

**Are you married / in a civil partnership?**

|  |  |
| --- | --- |
|   | Single |
|  | Married/ in a civil partnership |
|  | Separated  |
|  | Divorced/Civil Partnership dissolved |
|  | Widowed/ surviving partner of civil partnership |

**Country of Birth**

|  |  |
| --- | --- |
|   | Northern Ireland |
|  | Republic of Ireland |
|  | Great Britain  |

Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To which of these ethnic groups do you consider you belong?** (Please select the most appropriate option)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White |   | Chinese |  | Irish Traveller |  |
| Indian |  | Pakistani |  | Bangladeshi |  |
| Black Caribbean |  | Black African |  | Black Other |  |
| Other |  |

**What is your sexual orientation?**

|  |  |
| --- | --- |
|  | Members of the same sex |
|  | Members of the opposite sex |
|  | Members of the same sex and of the opposite sex |
|  | Not disclosed |

**Do you have personal responsibility for the care of……?** (Tick each box that applies)

|  |  |
| --- | --- |
|  | A child or children |
|  | A person with a disability |
|  | A dependent older person |
|  | None of the above |
|   | Not disclosed |

Thank you for completing this form. The information you supply will be treated in the strictest confidence and will only be used for monitoring our equality of opportunity in employment policy.