#### SECTION 10: EQUAL OPPORTUNITIES MONITORING

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| **Position**: Training Coordinator**Applicant Reference No**: TC – 04/18 |

**A AGE:**

What is your date of birth? (e.g. 31/12/1958)

**B COMMUNITY BACKGROUND:** (Please tick one box only)

I am a member of the Protestant Community

I am a member of the Catholic Community

I am a member of neither the Protestant nor Community

**C CRIMINAL CONVICTIONS**

**YES / NO**

Do you have any prosecutions pending or have you ever been convicted in a court or cautioned by the police for any offence?

**YES / NO**

Have you ever been the subject of an abuse investigation or enquiry concerning the alleged mistreatment of children or adults?

If you have answered YES, to either of the above questions please give as much information as possible about the offence (including the type of offence, the date, the court that dealt it, etc) and/or about the allegation of abuse and its subsequent investigation. As this post will involve working with adults who may be at risk of harm, or in need of protection, you are required to disclose convictions which are considered “spent”.

**Any information given will be treated in the strictest confidence and will only be considered if it has any relevance to the position applied for. It should be noted that convictions will not necessarily preclude full consideration of your application or debar applicants from gaining employment but, in the event of employment, failure to disclose convictions could result in disciplinary action, including dismissal.**

**D DEPENDANTS:** Do you provide care or support for any of the following? (Tick all the boxes that apply)

Your Children

Another family member (please specify e.g. parent)

A none family member (please specify e.g. neighbour)

No caring responsibilities

**E DISABILITY:**

### Under the Disability Discrimination Act a person is considered to have (or have had) a disability if he/she has (or has had) “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”.

**YES / NO**

(a) Do you consider yourself to have, or have had, a disability according to this definition?

(b) If **Yes** please provide details about the nature of your disability

(c) If **Yes** provide any relevant information about the effects of your disability and any requirements you may have so that we can process your application fairly, make any specific arrangements for your interview, and make any necessary reasonable adjustments or adaptations, or provide any aids to assist you in completing the duties of this post.

**F ETHNIC GROUP:** To which of these ethnic groups do you consider yourself to belong? (Please tick one box only)

Bangladeshi

Black African

Chinese

Indian

Black Other

Black Caribbean

White

Pakistani

Irish Traveller

Mixed Ethnic Group (Please specify)

Other (Please specify)

**G GENDER:** What is your sex?

Female

Male

**H MARITAL STATUS:** What is your marital status? (Tick all the boxes that apply)

Co-habiting with my partner

Single and never married

Married and in my first marriage

Separated but still legally married

Divorced

Re-married

Widowed

**I SEXUAL ORIENTATION:** (Please tick one box only)

I am lesbian

I am gay

I am bisexual

I am heterosexual

Other (Please specify)