

Equal Opportunities Monitoring Form

Guidance Notes:

Hostelling International Northern Ireland is an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their gender, including gender reassignment, marital or civil partnership status, having or not having dependants, pregnancy and maternity, religious beliefs, political opinion, race, ethnic origin, colour or nationality, political opinion, sexual orientation, disability, age, Trade Union membership or non-membership or criminal records.

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 and opportunity in employment.

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 and Treatment (NI) Order 1998.

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 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.

You are not obliged to answer the questions on this form, and you will not suffer any detriment if you choose not to do so.

Monitoring Form:

Age	
Please state your date of Birth:	

Please state your national insurance number:	
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Regardless of whether people practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic Communities.

Please indicate your religion or the religion to which you would be perceived to belong 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 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 deciding, 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 gender by ticking the appropriate box below:

Male ☐

Female ☐

Note: If you answer these questions about community background and sex 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.

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 are a disabled person?

Yes ☐

No ☐

If 'yes', please state the nature of your disability:

Racial Group

Please state your nationality:

My Nationality is:

Please describe your ethnic origin by ticking the appropriate box below:

Bangladeshi ☐ Irish Traveller ☐

Black African ☐ Pakistani ☐

Black Caribbean ☐ White ☐

Chinese ☐ Mixed Ethnic Group ☐

Indian ☐ Other (please specify) ☐

Mixed ethnic group (please state which):

Any other ethnic group (please state which):

Marital Status / Civil Partnership Status:

Please indicate whether you are married or in a civil partnership by ticking the appropriate box below:

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

(Please tick the appropriate box(s))

A child or children: ☐

A disabled person or persons: ☐

An elderly person or persons: ☐

Other ☐

If 'Other', please specify _____