**Employee / Applicant Monitoring Questionnaire**

**Please complete and return in separate envelope marked Monitoring Questionnaire**

**MONITORING QUESTIONNAIRE Private & Confidential**

**Job Title:** **General Practice Pharmacist - GPPS/08/20 Ref No:** **\_\_ \_\_ \_\_**

We are an Equal Opportunities Employer. We do not discriminate against our job applicants or employees and we aim to select the best person for the job. We monitor the community background and sex of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the Fair Employment & Treatment (NI) Oder 1998.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions. Your answers will be used by us to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

1. **Community Background**

Regardless of whether they actually practice religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

Please indicate the community to which you 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 neither the Protestant nor Roman Catholic community** **[ ]**

*If you do not answer the above question, or if you tick the “not a member of either” box, 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.*

1. **Sex**

**Please indicate whether you are: Female** **[ ]  Male** **[ ]**

*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.*

1. **Age**

**Please state your date of birth (dd/mm/yyyy):**

Date of Birth:

1. **Racial Group**

**Please state your country of birth:**

My country of birth is:

**Please state your nationality:**

My nationality is:

**Please indicate which of the following applies to you:**

White [ ]  Chinese [ ]

Irish Traveller [ ]  Indian [ ]

Pakistani [ ]  Bangladeshi [ ]

Black Caribbean [ ]  Black African [ ]

Black Other [ ]

Mixed ethnic group (please state which):

Any other ethnic group (please state which):

1. **Disability**

Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

**Do you consider that you are a disabled person?**

Yes: [ ]  No: [ ]

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment**, such as difficulty using

your arms, or mobility issues requiring you to use [ ]

a wheelchair or crutches:

**Sensory impairment**, such as being blind or

having a serious visual impairment, or being deaf [ ]

or having a serious hearing impairment:

**Mental health condition**, such as depression [ ]

or schizophrenia:

**Learning disability or difficulty**, such as

Down’s Syndrome or dyslexia, or **Cognitive impairment**, [ ]

such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**,

such as cancer, HIV infection, diabetes, epilepsy or [ ]

chronic heart disease:

**Other** (please specify):

1. **Sexual Orientation**

**Please indicate your sexual orientation by ticking the appropriate box below:**

My Sexual Orientation is:

I am straight: [ ]

I am gay or lesbian: [ ]

I am bisexual: [ ]

1. **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: [ ]

1. **Dependants / Caring Responsibilities**

Do you have dependants, or caring responsibilities for family members or other persons?

Yes: [ ]  No: [ ]

**If you answered “yes”, are your dependants or the people your look after?**

(Please tick the appropriate box or boxes):

A child or children: [ ]

A disabled person or persons: [ ]

An elderly person or persons: [ ]

Other: [ ]

If “Other”, please specify: