Post Applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vacancy Reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious or similar philosophical belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or are in a civil partnership; or, whether they are disabled; or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

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 of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

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 & Treatment (NI) Order 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 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 the course of 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.

|  |  |
| --- | --- |
| **Community Background:** | |
| I am a member of the **Protestant** community |  |
| I am a member of the **Roman Catholic** community |  |
| Other (please specify) |  |
| Please state your Country of Birth | My Country of birth is: |
| Please State your Nationality | My Nationality is: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic Origin:** | | | | | |
| White |  | Pakistani |  | Black Caribbean |  |
| Chinese |  | Bangladeshi |  | Black Other |  |
| Indian |  | Black African |  | Mixed Ethnic Group |  |
| Irish Travelling Community |  | Other (Please specify) |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Marital Status:** | | | | | |
| Single |  | Married |  | Divorced |  |
| Separated |  | Widowed |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender:** | | | | |
| Male |  | Female |  |  |

|  |  |  |
| --- | --- | --- |
| **Dependants:** | | |
| I have dependant children |  |  |
| I have dependant adults |  |  |
| I do not have dependants |  |  |

|  |
| --- |
| **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.  Disability is defined in the Disability Discrimination Act as ‘any physical or mental impairment that  has a substantial and long-term effect on a person’s ability to carry out normal day to day  activities and which has lasted or is likely to last for more than 12 months.  Do you consider yourself to have a disability? **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 HIV infection, diabetes, epilepsy or  chronic heart disease:  **Other** (please specify): |

|  |  |  |
| --- | --- | --- |
| **Date of Birth:** | | |
|  |  |  |

**Please email this Equal Opportunities Monitoring Form to** [**bronagh@andrewingredients.co.uk**](mailto:bronagh@andrewingredients.co.uk)

**Or post to:**

**Bronagh Lennon**

**Andrew Ingredients**

**27 Ferguson Drive**

**Lisburn**

**Co Antrim**

**BT28 2EX**