

# Equality & Diversity Monitoring Form

STRICTLY CONFIDENTIAL

At ICC Belfast | Waterfront Hall | Ulster Hall we understand the value that diversity brings to our organisation, and we strive to create a working environment that is inclusive and in which everyone can be heard and valued for their contributions. It is, therefore, vital that we monitor and analyse equality and diversity information so that we can ensure that our HR processes are fair and transparent.

Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be used in any way which allows any individual to be identified.

**This questionnaire will not be seen by either the short-listing or interview panels.**

<b>Reference Number: BWUH/0134</b>					
<b>Age:</b>					
Please identify which age group you belong to?					
16-24: <input type="checkbox"/>	25-34: <input type="checkbox"/>	35-44: <input type="checkbox"/>	45-54: <input type="checkbox"/>	55-64: <input type="checkbox"/>	65+: <input type="checkbox"/>
<b>Gender Identity:</b>					
What is your gender?	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>	I use another term: <i>(Please Specify)</i>	
Do you consider yourself to be trans* or transgender**?		Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
<p><i>* Trans can be used as an umbrella term to describe people whose gender is not the same as, nor does it sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms e.g., transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, crossdresser, genderless. The use of trans as an umbrella term may not be acceptable to all transgender people.</i></p> <p><i>**Someone who intends to transition, is transitioning or has transitioned from the gender they were assigned at birth.</i></p>					
<b>Family Status:</b>					
Please specify how you would describe your family status?					
Single: <input type="checkbox"/>	Married: <input type="checkbox"/>	Divorced: <input type="checkbox"/>	Separated: <input type="checkbox"/>	Widowed: <input type="checkbox"/>	Cohabitant: <input type="checkbox"/>
Civil Partnership: <input type="checkbox"/>	Same Sex Marriage: <input type="checkbox"/>	Dissolved Civil Partnership: <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>	Other: <i>(Please Specify)</i>	
<b>Sexual Orientation:</b>					
What is your sexual orientation?					
Heterosexual: <input type="checkbox"/>	Lesbian / Gay: <input type="checkbox"/>	Bisexual: <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>	Other: <i>(please specify)</i>	
<b>Disability:</b>					
Do you consider yourself to be disabled?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If yes, please state nature of disability:		
<p><i>A person has a disability if they have "a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities" (Disability Discrimination Act, 1995)</i></p>					

### Ethic Origins:

White <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Chinese <input type="checkbox"/>	Black African <input type="checkbox"/>	Mixed ethnic group: (please specify)	Prefer not to answer: <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Black, other: (please specify)	
Any other background: <i>(Please state)</i>					
Nationality or citizenship: <i>(For example: British, Irish, Polish)</i>					

### Person With or Without Dependents:

<b>Do you look after or are you responsible for caring for anyone?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<i>If yes, please tick the relevant box(es) below- you may tick more than one box</i>				
Children: <input type="checkbox"/>	Relative <input type="checkbox"/>	A person with a disability <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Other: (please specify)

### Religious Affiliation or Community Background:

BWUH Ltd is required by The Fair Employment and Treatment (NI) Order 1998 to monitor the perceived religious affiliation or community background of its employees and applicants. In accordance with the Monitoring Regulations 1999, we are asking you to indicate the community to which you belong by ticking the appropriate box below:

I am a member of the Protestant community <input type="checkbox"/>	I am a member of the Roman Catholic community <input type="checkbox"/>	I am a member of neither the Protestant nor Roman Catholic communities <input type="checkbox"/>		
<b>Religious belief or tradition:</b>				
Buddhist: <input type="checkbox"/>	Jewish: <input type="checkbox"/>	Hindu: <input type="checkbox"/>	Sikh: <input type="checkbox"/>	Muslim: <input type="checkbox"/>
Humanist: <input type="checkbox"/>	Agnostic: <input type="checkbox"/>	Atheist: <input type="checkbox"/>	Other: <i>(Please state)</i>	

### Data Protection:

Information from this application may be processed for the purposes registered by the Employer under the General Data Protection Regulation ((EU) 2016/679)) (GDPR). Please refer to the BWUH Applicant Privacy Notice for further information on how we will process your data.

I hereby give my consent to the BWUH Ltd processing the data supplied in this application form for the purpose of recruitment and selection.

If sent electronically, without signature, you automatically agree to the declaration. I agree:

<b>Signed:</b>		<b>Date:</b>	
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