



FOR OFFICAL USE	
EON	<input type="checkbox"/>
SOC	<input type="checkbox"/>
GENDER	<input type="checkbox"/>
COMM	<input type="checkbox"/>

**Equal Opportunities Questionnaire**

Type of work sought: \_\_\_\_\_

Date: \_\_\_\_\_

**For Monitoring Purposes only**

MPA Recruitment monitors the applications it receives for jobs in order to ensure that its recruitment practices promote equality of opportunity.

This information will be treated in the strictest confidence and protected from misuse, and will not form part of your application. It will be used only for the purposes of monitoring our equal opportunity employment policy.

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of our applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998.

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We therefore ask you to indicate your community background 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 a member of neither the Protestant nor the Roman Catholic Community

If you do not complete this questionnaire, we are encouraged to use the 'residuary' method, which means that we can make a determination on the basis of personal information on file.

Note:

It is a criminal offence under the legislation for a person to 'give false information ...in connection with the preparation of the monitoring return'.

**Please indicate your gender by ticking the appropriate box below:**

Male

Female



**Please indicate your marital status by ticking the appropriate box below:**

Married	Single	Divorced/Separated	Widowed	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 effect on his/her ability to carry out normal day to day activities.

**Do you consider that you meet this definition of disability?**

Yes  No

**If YES please state the nature Of or effects of your disability** \_\_\_\_\_

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

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black-Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black-African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed Ethnic Group (please specify)	_____		
Black-Other (please specify)	_____		
Other (please specify)	_____		
Nationality (please specify)	_____		