

**NORTHERN IRELAND FISHERY HARBOUR AUTHORITY**

**EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE**

PRIVATE AND CONFIDENTIAL

APPLICANT REF NO.

The Northern Ireland Fishery Harbour Authority is committed to equality of opportunity for all job applicants and does not discriminate on grounds of religious belief or political opinion, racial group, age, marital status, sexual orientation, gender, disability and dependency.

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

We are required by law to submit an annual report to the Equality Commission. In order to do so we need to monitor the following information of our employees and job applicants.

Please **DO NOT** put your name anywhere on this form and when completed return with your application form in a separate envelope.

The sheets will be held securely by the Authority and the information on it will **NOT** be available to staff carrying out recruitment for the position in hand.

**1. Community Background**

Regardless of whether we practice our religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking 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  
or Roman Catholic Community

**2. Gender**

Could you please indicate whether you are: Female  Male

PLEASE COMPLETE OVERLEAF

**3. Age**

Please tick the age category which applies to you.

16 - 29

30 - 44

45 - 59

60 - 74

**4. Marital Status**

What is your current marital status?

Category	(tick as appropriate)
Single (never married)	
Married (first marriage)	
Re-married	
Separated (but still legally married)	
Divorced	
Widowed	
Co-habitation (living with your partner)	

**5. Racial / Ethnic Origin**

African  Asian  Caribbean  Chinese

Irish Traveller  White European  White Other

Other (please state) \_\_\_\_\_

**6. Those with or without dependants**

(The Authority considers dependants to be close relatives, however we accept that there may be some exceptional circumstances).

Do you provide a significant amount of regular ongoing care for someone who has a disability or is frail, sick or elderly? This could be an adult or a child.

Yes  No

If yes please confirm number of hours per week:-

1-19 hours  20-49 hours  50+ hours

**7. People with disabilities**

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 substantial and long-term effect on his/her ability to carry out normal day to day activities.

Do you have a disability that you wish to advise us of?

\_\_\_\_\_

\_\_\_\_\_

**Please Note:**

- 1. Non completion of this section will result in your application being rejected.**
- 2. The above information will be treated in the strictest confidence and will only be used for monitoring purposes.**
- 3. It is a criminal offence under the legislation for a person to “give false information in connection with the preparation of a monitoring return”.**