

**MONITORING FORM**

**To be completed by all applicants.**

|  |  |  |
| --- | --- | --- |
| CSTM20 | Personal Reference  Number Monitoring Ref: (Invest NI use only) |  |

**PLEASE NOTE THE ATTACHED MONITORING FORM IS REGARDED AS PART OF YOUR APPLICATION AND SHOULD BE RETURNED WITH YOUR APPLICATION FORM.**

The information you are asked to provide will be treated in strictest confidence and protected from misuse. It will be used only for the purpose of monitoring our Equality of Opportunity in Employment Policy.

Date of Birth:



**Please indicate the community to which you belong by ticking the appropriate box:**

I am a member of the Protestant community:

I am a member of the Roman Catholic community:

I am neither a member of the Protestant nor Roman Catholic community:

**Please indicate your ethnic group by ticking one or more of the following:**

African  Bangladeshi  Chinese

Caribbean  Indian  Irish Traveller

Pakistani  White  Mixed Ethnic Group

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

I am female:

I am male:

Please state which District Council Area you reside in:

Please state how you became aware of the vacancy.

**Advertising Effectiveness**

To allow Invest NI to assess the effectiveness of its Recruitment channels, please indicate how you became aware of this vacancy.

Please tick as appropriate:

Belfast Telegraph:

Newsletter:

Irish News:

nijobfinder.co.uk:

Invest NI web site:

Other (please specify)

**Disability:**

Under the Disability Discrimination Act 1995 (and any subsequent amendments) a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long–term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets the definition of disability,

Do you consider that you meet this definition of disability?

Yes  No

If yes, please state the type of disability

Mental Health Disability

Learning Disability

Physical Disability

Are there reasonable adjustments that we could make that would enable you to enjoy equality of opportunity in getting a job/ working with us?

**MONITORING NUMBER (Invest NI use only)**

**Health Declaration**

Following the introduction of the Disability Discrimination Act 1995 (and any subsequent amendments), employers must ensure that employment practices are not discriminatory and that reasonable adjustments are made to the workplace to overcome the effects of disability. In order to help us in this process, applicants must provide the following information, but in doing so should also be aware that answering “yes” to any of the following questions does not necessarily exclude them from the competition, but may require them to provide further information.

|  |
| --- |
| 1. Do you suffer from any medical condition or disability which:  (a) may prevent your regular attendance at work, or your ability to give effective  service over a period of up to one year?  Yes  No  If yes, please give details:    (b) may have a health and safety implication for carrying out the job for which  you are being considered, e.g. fits, fainting attacks, blackouts or epilepsy?  Yes  No  If yes, please give details:    2. Have you been retired on medical grounds from employment?  Yes  No  If yes, please give details: |

**Please note that Invest NI may require you to undergo a medical examination to seek further information.**