

**VICTORIA COLLEGE BELFAST**

**(Incorporating Richmond Lodge School)**

**2A Cranmore Park Belfast BT9 6JA**

**APPointment of CLEANER**

***Equal Opportunities Monitoring Form***

**19 AUGUST 2016**

|  |  |  |
| --- | --- | --- |
| Reference: | Applications must be received by **15.00** on**Friday 2 September 2016** | Date and Time Received: |

**notes on THE EQUAL OPPORTUNITIES MONITORING FORM**

Victoria College Belfast is an Equal Opportunities Employer and it is the policy of the College to ensure that all eligible persons have equal opportunities for employment and advancement on the basis of their ability, qualifications and aptitude for the relevant post. The College selects those suitable for appointment solely on the basis of merit without regard to gender, race, religious belief, political opinion, age, disability, sexual orientation, marital status, or whether or not they have any dependents. A copy of the Equal Opportunities Policy of the College is available for download from the College website at [www.victoriacollege.co.uk](http://www.victoriacollege.co.uk).

In order to help ensure that the Equal Opportunities Policy of the College is implemented effectively and to comply with all relevant statutory provisions, applicants are required to complete and submit this *Equal Opportunities Monitoring Form* with their application. The monitoring form is regarded as an essential part of the application process and failure to complete and submit it will result in disqualification.

It is important for applicants to note that any information disclosed in the *Equal Opportunities Monitoring Form* will be held in the strictest confidence and protected from misuse. Access to the information will be strictly controlled and it will not be made available to any of the individuals involved in the selection of the successful applicant. The information disclosed within the *Equal Opportunities Monitoring Form* will only be used for the purposes of monitoring the effectiveness of the Equal Opportunities Policy of the College and of complying with all relevant statutory provisions.

As with other forms of personal information, the use, storage and disclosure of monitoring information is covered by the Data Protection Act 1998. All monitoring information held by the College is protected by a high level of security and access to this data is restricted to those staff whose duties make it necessary for them to have it. The misuse of monitoring information is viewed as a disciplinary offence by the College.

In addition, the confidentiality of community background information is protected through the provisions of the Fair Employment and Treatment (NI) Order 1998. Subject to certain specific and limited exceptions, these provisions make it a criminal offence for any employer or employee to disclose information on the community background of an individual that has been obtained or used for the purposes of monitoring.

Applicants shall note that the disclosure or release of monitoring information is permitted by legislation as part of any prospective or actual legal proceedings brought under equality legislation. On occasion it may also be necessary to use such information to compile monitoring returns for the Equality Commission or to respond to any requests for information made under the Freedom of Information Act. In all cases where monitoring information is disclosed or released by the College, the format of presentation will be such that it will not be possible to identify the information associated with any particular individual.

|  |
| --- |
| **Completed Equal Opportunities Monitoring Forms must be returned to Miss Nicola Mawhinney no later than 15.00 on Friday 12 February 2016** |

**EQUAL OPPORTUNITIES MONITORING FORM**

|  |
| --- |
| *Please note that this form is regarded as an essential part of your application and any failure to complete and submit it will result in disqualification. Please ensure that you read the Background Information for Applicants before you start to complete the form and then complete each part of the form by inserting an ‘X’ within the relevant text box.* |

|  |  |  |
| --- | --- | --- |
| **1.** | **National Insurance Number** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please provide your National Insurance Number. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **2.** | **Age** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please provide your date of birth. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **3.** | **Gender** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate your gender by selecting the appropriate option from those set out below. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Female |  |  |  |  |  | Male |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **4.** | **Community Background** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate your community background by selecting the appropriate option from those set out below.  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I have a Protestant community background |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I have a Roman Catholic community background |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I have neither a Protestant nor a Roman Catholic community background |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **5.** | **Disability** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate whether or not you consider yourself to have a disability.  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes |  |  |  |  |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Please note that disability means any physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.* |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **6.** | **Language** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate whether or not English is your first language.  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes |  |  |  |  |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **7.** | **Race** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate your racial origin by selecting the appropriate option from those set out below.  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bangladeshi |  |  |  |  |  | Indian |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Black African |  |  |  |  |  | Pakistani |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Black Caribbean |  |  |  |  |  | White |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Black Other |  |  |  |  |  | Other |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Chinese |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | If other please specify: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate whether you consider yourself to be a member of a mixed ethnic group.  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes |  |  |  |  |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate whether you consider yourself to be a member of the Irish Travelling Community. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes |  |  |  |  |  | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **8.** | **Sexual Orientation** |  |
|  |  |  |
|  | Please indicate your sexual orientation by selecting the appropriate option from those set out below.  |  |
|  |  |  |
|  | My sexual orientation is towards someone of a different sex |  |  |  |
|  |  |  |
|  | My sexual orientation is towards someone of the same sex No |  |  |  |
|  |  |  |
|  | My sexual orientation is towards someone of the same sex and of the opposite sex |  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **9.** | **Marital Status** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate your marital status by selecting the appropriate option set out below.  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Single (i.e. never married or in a civil partnership) |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Married |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | In a civil partnership |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Divorced |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Formerly in a civil partnership now dissolved |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Separated but still legally married |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Separated but still legally in a civil partnership |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surviving partner from a civil partnership |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Widowed |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **10.** | **Dependants** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please indicate if whether you have a personal responsibility for the care of a child or children, a person with a disability, or a dependant older person.  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes |  |  |  |  |  | **No** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |