**ARMAGH ROBINSON LIBRARY**

**EQUAL OPPORTUNITIES MONITORING FORM**

|  |  |
| --- | --- |
| All candidates should complete this form. The information will be used for the purposes of monitoring the Equal Opportunities policy. Access to this information is strictly controlled and will not be used in the selection process. | For Office use only:  Ref No: **ARL/DFA/PO/08/22/** |

|  |  |
| --- | --- |
| **Date of Birth (in DD/MM/YYYY format)** | **DD/MM/YYYY** |

Please tick boxes below as appropriate:

**Gender**

|  |  |
| --- | --- |
| Male | Female |

**Perceived Community Background**

|  |  |
| --- | --- |
| 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 or Roman Catholic Community |  |

**Ethnic Origin**

To which of these groups do you belong?

|  |  |  |  |
| --- | --- | --- | --- |
| White |  | Indian |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Black Caribbean |  | Pakistani |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Black African |  | Bangladeshi |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Chinese |  | Irish Traveller |  |

Other (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

The Disability Discrimination Act 1995 defines disability as a ‘physical or mental impairment, which has substantial and long-term effect on a person’s ability to carry out normal day to day activities’.

In these terms do you consider yourself to be disabled?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

***PLACE THIS FORM IN A SEPARATE ENVELOPE MARKED ‘FOR THE ATTENTION OF THE MONITORING OFFICER’ OR SUBMIT IN A SEPARATE EMAIL TO***

[***director@armaghrobinsonlibrary.co.uk***](mailto:director@armaghrobinsonlibrary.co.uk)