

Confidential Equal Opportunities Monitoring Form

Guidance Notes:

Fermanagh Community Transport is committed to promoting equality of opportunity for all and welcomes volunteers from all sections of the community.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity in volunteering. The information that you provide will assist us to measure the effectiveness of our equal opportunity policies and take action to remove barriers to volunteering where necessary.

Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unfair decisions affecting you. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to. If you do not wish to answer a question simply leave it blank.

Reference number: _____

Disability: Do you consider that you are a disabled person?

Yes: No:

If you answered "yes", please indicate the nature of your impairment:

Physical impairment: **Sensory impairment:**
Example: limited mobility **Example:** hearing impairment

Mental health condition: **Learning disability / difficulty:**
Example: depression **Example:** Autism or dyslexia

Long-standing or progressive condition: **Other (please specify):**
such as cancer or epilepsy _____

Age: Please state your date of birth: ____/____/____

Community Background: Regardless of whether they practice a religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities. **Please indicate the community to which you belong by ticking the appropriate box:**

Protestant: Roman Catholic: Neither:

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

Male: Female:

Sexual Orientation: Please indicate if your sexual orientation is towards:

Persons of a different sex to me: Persons of both sexes:
Persons of the same sex as me:

Nationality: Please state your nationality: _____

Ethnic Origin: Please indicate your colour or ethnic or national origins:

White Chinese Irish Traveller
Indian Pakistani Bangladeshi
Black Caribbean Black African Black Other

Any other ethnic group (please state which):

Dependants: Do you have dependants, or caring responsibilities for others?

Yes: No:

Thank you for taking the time to complete this questionnaire.

