## **Equal Opportunities Monitoring Form**



## This form is regarded as part of your application Failure to <u>fully</u> complete and return it will result in disqualification

Under fair employment legislation and associated monitoring regulations, we have a legal duty to provide an annual monitoring return to the Equality Commission. To do this we must obtain appropriate data on applicants. Please note that it is an offence to knowingly give false information in connection with completion of this monitoring form.

Please do <u>not</u> write/type your name anywhere on the form and ensure it is returned by <u>post</u> (paper copy) in a sealed, separate envelope to: Monitoring Officer (HR), The Utility Regulator, Queens House, 14 Queen Street, Belfast BT1 6ED

For convenience, it can be included with your application form but it must be in a sealed, separate envelope addressed to the Monitoring Officer (HR).

Ref: (HR use only) AFNA(MAT)/18 National Insurance Number:			
Gender	Male	Female	
Date of Birth	Day	Month	Year
Ethnic Background To which of these ethnic groups do you belong?	White	Indian	Pakistani
	Bangladeshi	Black African	Chinese
	Irish Traveller	Black	Other (please specify):
_	lease indicate the copropriate box below:	ommunity to which you	Ireland are seen as either belong or are perceived to
My background is that of the Roman Catholic community			
I do not have a Protestant	or Roman Catholic co	ommunity background	
<b>Disability</b> The Disability Discrimination has a substantial and long activities.			•
In these terms, do you con	sider yourself to be d	isabled? Yes	No 🗌