

## Equal Opportunities Monitoring Form

**This form is regarded as part of your application**  
**Failure to fully 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 **not** write/type your name anywhere on the form and ensure it is returned by **post** (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) **ANACPP/20** **National Insurance Number:** \_\_\_\_\_

**Gender** Female ☐ Male ☐ Other (please specify) \_\_\_\_\_ Prefer not to say ☐

<b>Date of Birth</b>	Day	Month	Year	
<b>Ethnic Background</b> To which of these ethnic groups do you belong?	White	<input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Black African <input type="checkbox"/>	Chinese <input type="checkbox"/>
	Irish Traveller	<input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Other (please specify): _____

### Community Background

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. Please indicate the community to which you belong or are perceived to belong to, by ticking the appropriate box below:

My background is that of the Protestant community ☐

My background is that of the Roman Catholic community ☐

I do not have a Protestant or Roman Catholic community background ☐

### Disability

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long term adverse 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 ☐