**EQUAL OPPORTUNITIES MONITORING**

**FAIR EMPLOYMENT (NI) ACT 1989 AND FAIR EMPLOYMENT**

**(MONITORING) REGULATIONS 1989**

Ulster Badminton is committed to promoting equality and diversity. It is our policy to provide employment equality to all, irrespective of gender, including gender reassignment, marital or civil partnership status, having or not having dependants, religious belief or political opinion, race, disability, sexual orientation and age.

We are opposed to all form of unlawful and unfair discrimination. All job applicants, employees and others who work for us will be treated fairly and will not be discriminated against on any of the above grounds. Decisions about recruitment and selection, promotion, training or any other benefit will be made objectively. As an equal opportunities employer we want to ensure that all of our applicants and employees enjoy equality of opportunity. We also want to encourage the best people to apply for vacancies in our company regardless of their background.

The information provided on the monitoring questionnaire will only be made available to the monitoring officer. If you provide us with information in respect of a disability we will use this information to ensure that we meet our legal obligation to make reasonable adjustments. If we make equal opportunities information public, this will be done in a way that ensures anonymity.

To ensure confidentiality, the questionnaire will be given an identifying number and only the monitoring officer will be able to match this number with your name. Your name should not be written on the questionnaire. The monitoring information collected will be used to measure the effectiveness of our equal opportunities policy, determine the extent to which we promote equality of opportunity and fair participation and will assist us to develop and review positive/affirmative action policies.

Ulster Badminton is committed to updating relevant monitoring data every three years. This is because we recognise that individuals may for example, acquire disabilities, change their marital status etc. If the monitoring information you provide us with changes please let us know.

If you have any queries about this form please contact

H R Monitoring Officer

Ulster Badminton

National Badminton Centre

36 Belfast Road

Lisburn

BT27 4AS

Telephone (028) 9266 8392

**EQUAL OPPORTUNITIES MONITORING FORM**

**CONFIDENTIAL**

***PLEASE READ THE NOTES ON THE FRONT OF THIS FORM BEFORE COMPLETION***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Monitoring Reference Number: ***SCOUB/0721/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We wish to assure applicants and employees that the monitoring data they provide will be used to promote equality of opportunity for all applicants and employees regardless of their background. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Group:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate which Ethnic Group you belong to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Bangladeshi | | | |  | |  | | | | | | | | Indian | | | | | | | | |  | | | | | | |  | |
|  | | | |  | |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | |
| Black African | | | |  | |  | | | | | | | | Irish Traveller | | | | | | | | |  | | | | | | |  | |
|  | | | |  | |  | | | | | | | |  | | | | | | | | |  | | | | | | |  | |
| Black Caribbean | | | |  | |  | | | | | | | | Pakistani | | | | | | | | |  | | | | | | |  | |
|  | | | |  | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Black Other | | | |  | |  | | | | | | | | White | | | | | | | | |  | | | | | | |  | |
|  | | | |  | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Chinese | | | |  | | Any other ethnic group: | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | |  | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| My Nationality is: | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In asking this question, we want to assure applicants that the information provided will only be used to promote equality of opportunity for applicants and employees in the basis of their Nationality. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Sexual Orientation:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My sexual orientation is towards someone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of the same sex | | | | |  | | | A different sex | | | | | | | | | |  | | | |  | | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Both | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Are you in a civil partnership? | | | | | | | | | | | | | | | **YES / NO** | | | | | | | | |  | | | | | | | |
| **Disability:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consider that you meet this definition of disability? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | |  |  | | | | | No | | | |  | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please state the type of disability: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Disability | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Learning Disability | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Disability | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there reasonable adjustments that we could make as part of our recruitment process that would enable you to enjoy equality of opportunity in getting a job/working with us? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status / Family Status:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you married? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | |  |  | | | | | No | | | |  | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Those With and Without Dependants:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children | | | | | | | | | | | | **YES / NO** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If YES, are they at school | | | | | | | | | | | | **YES / NO** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other relations, for whom you have  significant caring responsibilities | | | | | | | | | | | | **YES / NO** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Other caring responsibilities | | | | | | | | | | | | **YES / NO** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Please specify: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No caring responsibilities | | | | | | | | | | | | **YES / NO** | | | | | | | | | | | | | | | | | | | |
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| **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 by ticking the appropriate box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am a member of the Protestant community | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am a member of the Roman Catholic community | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am a member of neither the Protestant nor Roman Catholic community | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
| Please indicate your sex by ticking the appropriate box | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | |  |  | | | | | | Female | | | | | | | | | |  | | | | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide your date of birth or tick the Age band to which you belong: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age Band:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Under 18** | | |  | | |  | | | | | | **41 - 50** | | | | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18 - 30** | | |  | | |  | | | | | | **51 - 60** | | | | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31 – 40** | | |  | | |  | | | | | | | **61 and over** | | | | | | |  | | | | | | |  | | | | |

**Information on the Rehabilitation of Offenders (NI) Order 1978**

The following sentences become ‘spent’ after fixed periods from the date of conviction.

If a conviction is ‘spent’ you do not have to mention it, even when asked, unless applying for a post which is ‘expected’ under this legislation.

|  |  |  |
| --- | --- | --- |
| **Sentence** | **Aged 18 or over at conviction** | **Under 18 years at conviction** |
| Absolute Discharge | 6 months |  |
| Probation, Order, Bind Over, Conditional Discharge, Care/Supervision Order | Date Order ceases OR 1 year – whichever longer. | |
| Attendance Centre Order  Juvenile Justice Centre Order | 1 year after Order expires | |
| Hospital Order | 5 years or 2 years after Order expires – whichever longer | |
| Fine, Community Service Order, Combination Orders, Youth Conference Order, Reparation Order, Community Responsibility Order | 5 years | 2 ½ years |
| Prison – (immediate or suspended) OR Young Offenders Centres – sentence of 6 months or less | 7 years | 3 ½ years |
| Prison – (immediate or suspended) OR Young Offenders Centre over 6 months up to and included 30 months | 10 years | 5 years |
| NB: CUSTODIAL SENTENCE OF MORE THAN TWO AND A HALF YEARS (30 MONTHS) CAN NEVER BECOME SPENT | | |

* Consecutive prison sentences count as a single term when calculating the rehabilitation period.
* If more than one sentence was imposed for an offence, the longer rehabilitation period applies.
* If a person receives a new conviction during rehabilitation period:
  + For a summary offence (i.e. can only be tried at Magistrates Court) both rehabilitation periods expire separately.
  + For a more serious offence (i.e. which could be tried at the Crown Court) neither conviction will become spent until longest period expires.
* Cautions, reprimands and final warnings are not considered to be convictions and become ‘spent’ immediately unless relevant to ‘excepted’ posts.
* A spent conviction will remain on your criminal record.

The Rehabilitation of Offenders (Exceptions) Order (NI) 1979 (Amended by 1987, 2001 and 2003 Orders).

A range of occupations are exempted from the legislation for these posts, applicants MUST disclose information on both ‘spent’ AND ‘unspent’ convictions. The list of posts is extensive and can be summarised as follows:

* WORK THAT INVOLVES CONTACT WITH CHILDREN OR YOUNG PROPLE OR VULNERABLE ADULT GROUPS – e.g. provision of health care or social services, work with children such as youth work, education, or with adults with learning disabilities, mental illness, the elderly.
* PROFESSIONS THAT ARE REGULATED BY LAW – e.g. medical practitioner, nurse, chemist, optician, accountant, manager of an insurance company.
* POSTS INVOLVING NATIONAL SECURITY e.g. security personnel or senior civil service posts.
* POSTS CONCERNED WITH ADMINISTRATION OF JUSTICE e.g. Police officers

For confidential advice or information please contact NIACRO’s Employment Advice Line on:

028 9032 0157.