** General Data Protection Regulations**

**Confidential**

**Reference no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monitoring Questionnaire**

**Guidance Notes:**

Under the General Data Protection Regulations, Autonomie is required to notify applications and prospective employees on how their personal data will be processed and used. This application form, excluding the equal opportunities monitoring form will be retained by Autonomie for a maximum period of 12 months, unless you are the successful applicant for the post, in which case the application form will become part of your employee record. Your information (excluding the equal opportunities monitoring form) may be required to be viewed by funders for auditing purposes. Some of the data you provide is considered to be Sensitive Personal Data under Data Protection Act 1998: this information will be used to assist us with recruitment monitoring. It will be held separately from application forms and will be retained for a three year period under obligations arising from the NI Equality Legislation, it will also be held electronically.

By signing this form you are giving consent to Autonomie to use this data in the way described above.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** Community Background:**

Regardless of whether they actually practice a particular 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 below:**

I am a member of the Protestant community: 

 I am a member of the Roman Catholic community: 

 I am not a member of either the Protestant or the

 Roman Catholic communities: 

*If you do not answer the above question, or if you tick the “not a member of either” box, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.*

**Gender**

**Please indicate your gender by ticking the appropriate box below:**

 Male: 

Female: 

Other: 

***Note: If you answer these questions about community background and gender you are obliged to do so truthfully, as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.***

**Age:**

**Please state your date of birth:**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnic Group:**

**Please state your country of birth:**

My country of birth is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please state your nationality:**

My nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate which of the following applies to you:**

White  Chinese 

Irish Traveller  Indian 

Pakistani  Bangladeshi 

Black Caribbean  Black African 

Black Other 

Mixed ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability:**

Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

**Do you consider that you are a disabled person?**

Yes:  No: 

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment**, such as difficulty using

your arms, or mobility issues requiring you to use

a wheelchair or crutches:

**Sensory impairment**, such as being blind or

having a serious visual impairment, or being deaf

or having a serious hearing impairment:

**Mental health condition**, such as depression

or schizophrenia:

**Learning disability or difficulty**, such as

Down’s Syndrome or dyslexia, or **Cognitive impairment**,

such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**,

such as cancer, HIV infection, diabetes, epilepsy or

chronic heart disease:

**Other** (please specify):

………………………………………………………………………

……………………………………………………………………….

­

**Marital Status / Civil Partnership Status:**

**Please indicate whether you are married or in a civil partnership by ticking the appropriate box below:**

Are you married or in a civil partnership?

Yes:  No: 

**Dependants / Caring Responsibilities**:

Do you have dependants, or caring responsibilities for family members or other persons?

Yes:  No: 

**If you answered “yes”, are your dependants or the people your look after?**

(Please tick the appropriate box or boxes):

A child or children: 

A disabled person or persons: 

An elderly person or persons: 

Other: 

If “Other”, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_