



January 2018

Dear Applicant

PERSONAL DETAILS

As you may know, the Northern Ireland Act 1998 places duties on public authorities, including Northern Ireland Screen, to have due regard to the need to promote equality of opportunity:-

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women;
- between persons with a disability and those without; and
- between persons with dependants and those without.

These are generally referred to as the Section 75 categories.

Northern Ireland Screen has published an Equality Scheme (which can be accessed on our website) which sets out how we will meet the statutory equality duties. One of the key commitments in the Scheme is to monitor the impact on equality of opportunity of all our policies, including our Recruitment Policy. We have therefore adopted the attached monitoring questionnaire and we would be most grateful if you would complete it

We will ensure that all of the information gathered from this questionnaire will be treated with the utmost confidentiality. **The information you provide will be managed so as to fully protect your confidentiality.** No individual will ever be separately identified, nor will the information be released to anyone in a way that would allow any individual to be identified.

The completion of the questionnaire is, of course, entirely voluntary and will have no implications whatsoever for any future relationship between yourself and Northern Ireland Screen. If you choose to complete the questionnaire, it would be helpful if you would return it in the envelope provided with your application as soon as possible.

If you have any queries, please do not hesitate to contact us.

NORTHERN IRELAND SCREEN COMMISSION

SECTION 75 MONITORING QUESTIONNAIRE

Q1. Ethnic Origin (please tick one only)

- White.....
- Chinese.....
- Irish Traveller.....
- Indian.....
- Pakistani.....
- Bangladeshi.....
- Black Caribbean.....
- Black African.....
- Mixed ethnic group.....
- Other ethnic group.....

Q2. Do you consider yourself to have a disability or illness that substantially limits your ability to carry out normal day-to-day activities? By disability we mean a health problem or disability which has lasted, or is expected to last, at least 12 months.

- Yes..... (Go to Q 3)
- No.....

Q3. What is the nature of this disability or illness (Tick all that apply)

- Mobility.....
- Learning.....
- Hearing.....
- Mental health.....
- Sight.....

Other (please specify)

Q4. Please indicate your community background

- I have a Protestant community background.....
- I have a Roman Catholic community background.....
- I have neither a Protestant nor a Roman Catholic community background.....

Q5. What is your marital status?

- Married.....
- Living with partner.....
- Single (never married).....
- Separated/divorced.....
- Widowed.....

Other (please specify)

Q6. What is your age?

I am years old

Q7. Do you have any dependants?

By dependants we mean whether you have primary responsibility for the care of a child (aged 16 and under), for the care of a person with a disability or for the care of an elderly person.

Yes – I do have dependants.....

No – I do not have dependants.....

Q8. Gender

Male.....

Female.....

Q9. Sexual orientation (please tick one)

Gay / Lesbian / Bisexual

Heterosexual / straight