



Trainee Studio Production Co-ordinator MONITORING FORM

EQUALITY OF OPPORTUNITY

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 dependents and those without.

These are generally referred to as the Section 75 categories.

Northern Ireland Screen has published an Equality Scheme which sets out how we will meet the statutory equality duties. In order to constantly monitor our policies we need additional information on those who are affected by them in relation to the Section 75 categories.

Please find attached a form, from which this information will be gathered and which Northern Ireland Screen will treat in the strictest confidence. **The information you provide will be managed so as to fully protect your confidentiality.**

The completion of this form is, of course, entirely voluntary and will have no implications whatsoever for any future relationships between yourself and Northern Ireland Screen.

When you have completed this form please return it in a sealed envelope marked for the attention of the Monitoring Officer.

SECTION 75 MONITORING QUESTIONNAIRE

1. To which of these ethnic groups do you consider yourself to belong?

White	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Mixed ethnic group	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>

2. Do you consider yourself to have a disability?

By disability we mean any physical, sensory, mental or learning impairment that has a substantial and long term (lasted or expected to last 23 months or more) adverse impact on your ability to carry out normal day to day activities, without mechanical or electronic assistance or the adaptation of your workplace.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

3. Please indicate your community background

I have a Protestant community background	<input type="checkbox"/>
I have a Roman Catholic community background	<input type="checkbox"/>
I have neither a Protestant nor a Roman Catholic community background	<input type="checkbox"/>

4. What is your marital status?

Married	<input type="checkbox"/>
Living with a partner	<input type="checkbox"/>
Single (never married)	<input type="checkbox"/>
Separated/divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>

5. What is your age?

I am Years old

6. 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	<input type="checkbox"/>
No	I do not have dependants	<input type="checkbox"/>

7. Gender

Male

Female

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8. Sexual Orientation

I am gay or lesbian (homosexual)

I am straight (heterosexual)

I am bisexual

Other (please specify)

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