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# In Confidence REF NO. YEO/SEP20/

Volunteer Now is committed to ensuring that all eligible persons have equal of opportunity for employment and advancement on the basis of ability, qualifications and aptitude for the work. To ensure the effective implementation of the Equal Opportunities Policy all applicants are requested to complete the following questionnaire.

The information provided by you will be treated in the strictest confidence and will not be seen by either the shortlisting or interview panels.

1. **Perceived Religious Affiliation and/or community background**

Regardless of whether you practice any religion, persons in Northern Ireland are perceived to belong to specific communities and Volunteer Now is required by law to monitor the community background of applicants. You are therefore asked to provide this information by ticking the appropriate box below.

I am a member of the Protestant community 🖵

I am a member of the Catholic community 🖵

I am a member of neither the Protestant or Catholic community 🖵

1. **Gender** Female 🖵 Male 🖵
2. **Marital Status:** Married 🖵 Single 🖵 Divorced 🖵 Separated 🖵 Other 🖵
3. **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Disability**

In line with the Disability Discrimination Act 1995, a disability is defined as “a physical or mental impairment that has a substantial and long term adverse effect on your ability to carry out normal day to day activities”.

Having read this definition, do you consider yourself to have a disability?

Yes 🖵 No 🖵

If yes, please state the nature of disability:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No, have you ever had a disability: Yes 🖵 No 🖵

1. **Have you any caring responsibility?** Yes 🖵 No 🖵

Children 🖵 Relative(s) 🖵 Other 🖵 None 🖵

1. **Cultural/Ethnic Origin**

White 🖵 Traveller 🖵 Indian 🖵

Pakistani 🖵 Chinese 🖵 Bangladeshi 🖵

Black Caribbean 🖵 Black African 🖵

Other *(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*