



Equal Opportunities Monitoring Form

Ulster University's commitment to equality, diversity and inclusion is outlined in its [Organisation Strategy](#), its [Values](#), its [Equal Opportunities Policy](#) and its [Equality Scheme](#). It considers that monitoring is the essential first step in the effective implementation of its Equal Opportunities Policy and its Equality Scheme.

We would therefore ask you to complete this form. Please forward this form via email to the [Equality, Diversity and Inclusion team](#).

Thank you for taking the time to provide us with this information.

Name:

Question 1 – Please indicate your legal sex? (one answer only)

Male Female

Question 2 – Please indicate if your gender is the same as you were assigned at birth (one answer only)

Yes No Prefer not to say

Question 3 – Please indicate your marital status? (one answer only)

Single Married Civil Partnership

If not listed above, please indicate your marital status below:

Question 4 – Please indicate your Nationality (one answer only)

British Irish

If not listed above, please indicate your nationality below:

Question 5 – Please indicate your National Identity (one answer only)

British Irish Northern Irish

If not listed above, please indicate your national identity below:

Question 6 – Please indicate your Ethnic Group (one answer only)

- | | | | |
|--------------------------|--------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Arab | <input type="checkbox"/> | Mixed - White and Asian |
| <input type="checkbox"/> | Asian or Asian British - Bangladeshi | <input type="checkbox"/> | Mixed - White and Black African |
| <input type="checkbox"/> | Asian or Asian British - Indian | <input type="checkbox"/> | Mixed - White and Black Caribbean |
| <input type="checkbox"/> | Asian or Asian British - Pakistani | <input type="checkbox"/> | Other mixed background |
| <input type="checkbox"/> | Other Asian background | <input type="checkbox"/> | Roma |
| <input type="checkbox"/> | Black or Black British - African | <input type="checkbox"/> | White - British |
| <input type="checkbox"/> | Black or Black British - Caribbean | <input type="checkbox"/> | White - Irish |
| <input type="checkbox"/> | Other Black background | <input type="checkbox"/> | Other White background |
| <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Other ethnic background |
| <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Prefer not to say |

Question 7a – Please indicate your disability status (one answer only):

The Disability Discrimination Act 1995 defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Having read this definition do you consider that you are a disabled person or that you have a disability?

- Yes No

Question 7b – If you have answered ‘Yes’ to the above question, please tick the appropriate boxes below to indicate the nature of your disability (tick as many as apply to you):

- No disability or long-term health condition
 Learning Difference (such as, Dyslexia, Dyspraxia or AD(H)D)
 Learning Disability (such as Down’s Syndrome)
 Social/Communication condition (such as, speech/language impairment)
 Autism
 Blind/Visual Impairment
 d/Deaf or Hearing Impairment
 Mental Health Condition (such as, Depression, Schizophrenia or Anxiety)
 Long-term Health Condition (such as, Cancer, HIV, Diabetes, Chronic Heart Disease, Epilepsy, Asthma)
 Physical/Mobility Impairment
 Development condition affecting motor, cognitive, social and emotional skills, and speech and language

If not listed above, please indicate your disability/long-term health condition below:

Question 8 – Please indicate if British or Irish Sign Language (BSL/ISL) is your preferred first language:

- | | | | |
|--------------------------|---------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | BSL is first language | <input type="checkbox"/> | ISL is first language |
| <input type="checkbox"/> | Neither is first language | <input type="checkbox"/> | Prefer not to say |

Question 9 – To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998. Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Roman Catholic or Protestant. We therefore ask you to indicate your community background by ticking the appropriate box below (one answer only):

- Protestant Community Roman Catholic Community Neither*

***If you have ticked the box marked 'Neither', please provide names and addresses of the primary and secondary schools which you attended:**

Question 10 - Please indicate the religious belief which you hold (one answer only):

- | | |
|---|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian - Church of Scotland | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Christian - Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian - Presbyterian Church in Ireland | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Christian - Church of Ireland | <input type="checkbox"/> Any other religion or belief |
| <input type="checkbox"/> Christian - Methodist Church in Ireland | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Christian - Other denomination | |

Question 11 – We understand persons with dependants to be those with personal responsibilities for the care of a child, the care of a person with an incapacitating disability or the care of a dependant elderly person. Please indicate below the nature of your caring responsibilities (tick as many as apply to you):

- | | |
|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Elderly person |
| <input type="checkbox"/> Disabled person | <input type="checkbox"/> No dependants |

Question 12 – Please indicate below your sexual orientation (one answer only):

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gay woman/lesbian | <input type="checkbox"/> Prefer not to say |