# EQUAL OPPORTUNITIES MONITORING FORM

Lagan Valley Rural Transport is committed to equality of opportunity in all its employment practices, policies and procedures. To assist in the implementation and monitoring of this policy, we would be grateful if you could provide us with the information requested below:

**The information obtained via this form is used for Equal Opportunities monitoring only and is not made available to those involved in the short listing process. Any information given will be used only to support the diversity and equal opportunities policy and in accordance with the principles of the Data Protection Act 1998.**

**Post applied for** _____

**Where did you see the post advertised?** _____

**Have you previously applied for employment with Lagan Valley Rural Transport?**

No ☐ On a fixed term contract ☐ On a permanent contract ☐

**Details of the post you're applying for.**

Fixed term contract ☐ Permanent contract ☐

Full time (37½ hrs per week) ☐ Part time (less than 20 hours per week) ☐

**Please tick the age band which applies to you.**

16 – 24 ☐ 35 – 44 ☐ 55 + ☐
25 – 34 ☐ 45 – 54 ☐ Choose not to disclose ☐

**Gender**

Male ☐ Female ☐ Choose not to disclose ☐

**To which ethnic background do you belong?**

| | | | | | |
|---|---|---|---|---|---|
| Asian – Indian | ☐ | Black – African | ☐ | White – British | ☐ |
| Asian – Pakistani | ☐ | Black – Other | ☐ | White – Irish | ☐ |
| Asian – Bangladeshi | ☐ | Mixed – White and Black Caribbean | ☐ | White – Other | ☐ |
| Chinese | ☐ | Mixed – White and Black African | ☐ | Other Ethnic Group | ☐ |
| Black – British | ☐ | Mixed – White and Asian | ☐ | Choose not to disclose | ☐ |
| Black – Caribbean | ☐ | Mixed – Other | ☐ | | |

**To which political/religious community do you belong? (Northern Ireland only)**

| | | | |
|---|---|---|---|
| Roman Catholic | ☐ | Other | ☐ |
| Protestant community | ☐ | Choose not to disclose | ☐ |

**Disability**

A person has a disability under the Disability Discrimination Act (1995) if he or she has a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities. Long term means has lasted, or is expected to last, for 12 months.

**Do you consider yourself to have a disability?**

Yes ☐ No ☐ Choose not to disclose ☐

**Do you consider yourself to be blind or partially sighted?**

Yes ☐ No ☐

The information on this form will be processed by LVRT purely for the purposes of equal opportunities monitoring and will be used in the compilation of statistical information, the purpose of which is to ensure that the LVRT maintains compliance with its equal opportunities policy. I consent to the data contained on this for being processed for this reason in accordance with data protection legislation for the time being in force.