|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONITORING QUESTIONNAIRE****Please complete and return in separate envelope along with completed application form.**

|  |
| --- |
| **NATIONAL INSURANCE NUMBER:**  |
| **AGE: Please enter your date of birth:**  //  |
| **GENDER: I am -** Male ❒ Female ❒ |
| **COMMUNITY BACKGROUND:** **I am –** A member of the Protestant Community❒ A member of the Roman Catholic Community ❒Not a member of either the Protestant or the Roman Catholic Communities❒ |
| **DISABILITY****I have -** No disability ❒A physical impairment, such as difficulty using arms or mobility requiring a wheelchair or crutches ❒A sensory impairment, such as blind/visual impairment or deaf/hearing impairment ❒A mental health condition, such as depression or schizophrenia ❒A learning disability, such as Down’s syndrome, dyslexia or cognitive impairment such as autism ❒A long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy ❒Other ❒ Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **MARITAL STATUS****I am -** Single (never married) ❒Married (living with spouse) ❒Married (separated) ❒Civil partnership (same sex) ❒Divorced ❒Widowed ❒Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **RACE, COLOUR OR ETHNIC/NATIONAL ORIGINS****I am -** White ❒Chinese ❒Irish Traveller ❒Indian ❒Pakistani ❒Bangladeshi ❒Black African ❒Black Caribbean ❒Black Other ❒Please specify­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mixed Ethnic Group ❒ Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other ❒ Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NATIONALITY**Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DEPENDENTS/CARING RESPONSIBILITIES**Please indicate if you have dependents or persons you have caring responsibility for (if anyone): **No. dependents or caring responsibilities: -**

|  |  |
| --- | --- |
| Child or children  |  |
| Disabled person(s)  |  |
| Elderly person(s)  |  |

|  |  |
| --- | --- |
| Other |  |

 |
| **ADVERTISING**Please name any newspapers and/or websites where you learned of this job: |

 |