

Equal Opportunities Monitoring Form

Chardon Management Limited is an equal opportunity employer. No employee shall be discriminated against on the grounds of disability, race, colour, religion, beliefs, nationality, ethnic origin, sexual orientation, marital status or age.

To assist us in the monitoring of our Equal Opportunities Policy, we would ask you to provide the appropriate information below:

Fair Employment Act 1989													
<p>To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of our employees as required by the Fair Employment Act 1989.</p> <p>Regardless of whether we practise religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box</p> <p>I am a member of the Protestant Community <input type="checkbox"/></p> <p>I am a member of the Roman Catholic Community <input type="checkbox"/></p> <p>I am a member of neither of the above <input type="checkbox"/></p>													
Ethnic Origin	Disability Discrimination Act												
<p>Asian (Bangladesh) <input type="checkbox"/></p> <p>Asian (Chinese) <input type="checkbox"/></p> <p>Asian (Indian) <input type="checkbox"/></p> <p>Asian (Pakistan) <input type="checkbox"/></p> <p>Asian (UK) <input type="checkbox"/></p> <p>Other Asian (please specify): _____</p>	<p>A disability is defined as a 'physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities'.</p> <p>I do have a disability. <input type="checkbox"/></p> <p>I do not have a disability <input type="checkbox"/></p>												
Other Information													
<p>Position Applied For: _____</p> <p>Date of Birth: _____</p> <p>Place of Birth: _____</p>													
<p>Black (African) <input type="checkbox"/></p> <p>Black (Caribbean) <input type="checkbox"/></p> <p>Black (UK) <input type="checkbox"/></p> <p>Other Black (please specify): _____</p>	<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; width: 50%; padding: 5px;">Marital Status</th> <th style="text-align: left; width: 50%; padding: 5px;">Gender</th> </tr> <tr> <td style="padding: 5px;">Single <input type="checkbox"/></td> <td style="padding: 5px;">Male <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Married <input type="checkbox"/></td> <td style="padding: 5px;">Female <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Divorced <input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 5px;">Widowed <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Other (please specify) _____</td> </tr> </table>	Marital Status	Gender	Single <input type="checkbox"/>	Male <input type="checkbox"/>	Married <input type="checkbox"/>	Female <input type="checkbox"/>	Divorced <input type="checkbox"/>		Widowed <input type="checkbox"/>		Other (please specify) _____	
Marital Status	Gender												
Single <input type="checkbox"/>	Male <input type="checkbox"/>												
Married <input type="checkbox"/>	Female <input type="checkbox"/>												
Divorced <input type="checkbox"/>													
Widowed <input type="checkbox"/>													
Other (please specify) _____													
<p>White (Irish) <input type="checkbox"/></p> <p>White (UK) <input type="checkbox"/></p> <p>White (European) <input type="checkbox"/></p> <p>Other White (Please Specify) _____</p>													
<p>None of the Above (Please Specify): _____</p>													

Signature: _____

Date: _____