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# In Confidence

Fighting Words Northern Ireland is an equal opportunities employer, and actively seeks to promote equality of opportunity and access to our services. We are committed to promoting equality, diversity and inclusion through our employment policies and practices.

Fighting Words Northern Ireland does not permit unlawful discrimination of any kind against any person on grounds which include but are not restricted to gender, sexual orientation, marital status, religious belief or political opinion, race or disability. Unlawful discrimination is defined as treating a person less favourably than others are or would be treated in the same or similar circumstances.

To ensure the effective implementation of our 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 the interview panels.

Thank you for your co-operation.

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 🖵 Non-binary 🖵 Prefer not to say 🖵
2. **Marital Status:** Married 🖵 Single 🖵 Divorced 🖵 Separated 🖵 Other 🖵
3. **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 responsibilities?** Yes 🖵 No 🖵

Children 🖵 Relative(s) 🖵 Other 🖵 None 🖵

1. **Cultural/Ethnic Origin**

White 🖵 Traveller 🖵 Indian 🖵

Pakistani 🖵 Chinese 🖵 Bangladeshi 🖵

Black Caribbean 🖵 Black African 🖵

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