



RECRUITMENT MONITORING FORM

TES is an Equal Opportunities employer. We do not discriminate on the grounds of religious belief, political opinion, gender, marital status, sexual orientation, race, age, disability, or ethnic origin. We practice equality of opportunity in all matters of employment.

To demonstrate our commitment to equality of opportunity in employment, we need to monitor the community background of our employees and applicants, as is required by the Fair Employment and Treatment (N.I.) Order 1998.

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes. Please complete the below form and return it to the Monitoring Officer; monitoring@tesgroup.com

Application for the post of: Ref:

Date:

Community Background

Regardless of whether we practice our 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 below. We would stress that it is a criminal offence under the legislation for a person to “give false information in connection with the preparation of a monitoring return”.

- I am a member of the Protestant Community
- I am a member of the Roman Catholic Community
- I am a member of neither the Protestant or the Roman Catholic Community

If you do not complete this section of the questionnaire, we are encouraged to use the 'residuary' method which means that we can make a determination on the basis of personal information on file.

Gender, marital and family status

- Male: Married (civil partnership)
- Female: Single
- Transgender: Divorced / Separated
- Widowed

Other: Specify _____

- I have no caring responsibilities I care for a child / children
- I care for a disabled person/s I care for an elderly person/s

Other: Specify _____

Date of Birth: Age:

Disability

Do you consider yourself to have a disability which meets the definition of the Disability Discrimination Act 1995

(i.e. someone with a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities)

If you answered "yes" to the question above, please indicate the nature of your impairment by ticking the appropriate box or boxes below:

Physical impairment e.g. difficulty in using limbs, or mobility issues requiring the use of an aid e.g. crutches or wheelchair.

Mental health condition such as depression, schizophrenia.

Sensory impairment - such as a visual or hearing impairment.

Learning disability or difficulty such as Down's Syndrome, dyslexia or Cognitive Impairment such as autistic spectrum disorder.

Long standing or progressive illness or health condition such as cancer, HIV infection, Diabetes, epilepsy or chronic heart disease.

Other: Specify

Origin

Nationality:

Ethnic Group:

Place of Birth:

Note: It is not compulsory to answer any of the questions contained within this form.