

**Service User Member and Carer Member for the**

**Southern Test Area Integrated Partnership Board**

**Integrated Care System NI**

**Involvement Equal Opportunities Monitoring**

The Strategic Planning and Performance Group (SPPG) is committed to equality of opportunity for all its involvement participants. The SPPG selects those suitable for involvement roles solely on the basis of merit and is also monitoring its activities to ensure that its equal opportunity policy is effectively implemented amongst volunteers as well as staff. Section 75 of the Northern Ireland Act 1998 requires us to promote equality of opportunity on the basis of all nine categories. To assist in this monitoring process, it is necessary to ask you a number of questions.

Access to this information will be strictly controlled. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. Whilst the SPPG will treat the information given on this monitoring form as confidential, individuals are advised that legal processes may require the SPPG to disclose the information given to certain statutory bodies, and, in some circumstances, open Tribunal. Individuals should complete the form in the knowledge that it will be processed in line with requirements of the Data Protection Act 2018.

The information will subsequently be transferred to the monitoring system operated by the SPPG. There, it will be strictly controlled in accordance with an agreed Code of Practice.

**Ref no:**

|  |  |
| --- | --- |
| **1. Date of Birth** | --/--/---- |
| **2. Gender** | Male  Female  Not specified |
| **3. Marital Status** | Married/Civil Partnership  Single  Other |
| **4. Community Background** | not specified  I am a member of the Protestant community.  I am a member of the Roman Catholic community.  I am neither a member of the Roman Catholic or Protestant community. |
| **5. Religious Belief** | We recognise that there may be occasions where religious belief differs from perceived community background.  We therefore would ask you to indicate your religious belief or mark the boxes provided:   |  |  |  | | --- | --- | --- | | Buddhist | Christian | Hindu | | Jewish | Muslim | Sikh | | None | Other |  | |  |  |  | |
| **6. Ethnic Group** | What ethnic group do you consider you belong to:   |  |  |  | | --- | --- | --- | | Bangladeshi | Black African | Black Caribbean | | Black Other | Chinese | Filipino | | Indian | Irish Traveller | Mixed Ethnic Group | | Pakistani | White | Other | |
| **7. Nationality** | Please specify your nationality:   |  |  |  | | --- | --- | --- | | British | English | Filipino | | Indian | Irish | Latvian | | Lithuanian | Northern Irish | Pakistani | | Polish | Portuguese | Scottish | | Welsh | Other |  | |
| **8. Disability** | The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. "Normal day-to-day activities" listed in the Act are mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger.  (If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these? If so, you should answer ‘yes’ below).  **Having read this definition, do you consider yourself as having a disability?**  Yes  No  **If yes, please indicate which type of impairment(s) apply to you: (please tick all that apply to you)**  Long standing illnesses, such as cancer, HIV, diabetes, chronic heart disease or epilepsy  Learning disability, such as Down’s Syndrome, Dyslexia, or Cognitive Impairment such as Autism  Mental Health Condition, such as depression or schizophrenia  Physical impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches  Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment  Other |
| **9. Caring Responsibilities** | Do you have caring responsibilities for a:  child  child with a disability  a dependent older person  a person/s with a disability  none of the above |
| **10. Sexual Orientation** | My sexual orientation is towards someone:  not specified  of the opposite sex  of the same sex  of the same sex and of the opposite sex  I do not wish to answer |
| **11. Political Opinion** | broadly Nationalist  broadly Unionist  other  prefer not to say |