

**IN CONFIDENCE**

**EDUCATION AND TRAINING INSPECTORATE**

**APPOINTMENT OF ASSOCIATE ASSESSORS  
EQUAL OPPORTUNITIES MONITORING**

**(Return with your application form, in a separate sealed envelope, addressed to the  
Monitoring Officer, Department of Education, Room F29, Rathgael House,  
43 Balloo Road, Bangor BT19 7PR)**

**PLEASE NOTE THIS FORM IS REGARDED AS PART OF YOUR APPLICATION  
AND FAILURE TO COMPLETE AND RETURN IT WILL RESULT IN  
DISQUALIFICATION**

It is the policy of the Education and Training Inspectorate to ensure that all eligible persons have equal opportunity for appointment as Associate Assessors on Inspection Teams. The appointment process will be monitored to ensure that the equal opportunity policy is implemented effectively.

Please state your National Insurance Number \_\_\_\_/\_\_\_\_\_/\_\_\_\_

Please tick as appropriate

MALE

FEMALE

**COMMUNITY BACKGROUND**

**The Fair Employment and Treatment (Northern Ireland) Order 1998 outlaws discrimination on the basis of religious belief or political opinion. The information below is required in connection with the requirements of the above Order. The use and confidentiality of Community Background information is protected by the Fair Employment and Treatment (Northern Ireland) Order 1998. It will be used only to comply with obligations relating to monitoring, investigating or proceeding under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998.**

**Please indicate your community background by ticking the appropriate box below.**

I have a Protestant community background

I have a Roman Catholic community background

I have neither a Protestant nor a Roman Catholic community background

**RACE - The Race Relations (Northern Ireland) Order 1997 makes it unlawful to discriminate on grounds of colour, race, nationality or ethnic or national origins.**

**Are you:**

- |                           |                          |                                  |                          |
|---------------------------|--------------------------|----------------------------------|--------------------------|
| White                     | <input type="checkbox"/> | Of Black African origin          | <input type="checkbox"/> |
| Of Black Caribbean origin | <input type="checkbox"/> | Of Bangladeshi origin            | <input type="checkbox"/> |
| Of Chinese origin         | <input type="checkbox"/> | Of Indian origin                 | <input type="checkbox"/> |
| Of Pakistani origin       | <input type="checkbox"/> | Of other origin (please specify) | <input type="checkbox"/> |

Are you a member of a mixed ethnic group? Yes  No

Are you a member of the Irish Traveller Community? Yes  No

**DISABILITY - The Disability Discrimination Act 1995 makes it unlawful to treat a disabled person less favourably than someone else because of their disability, unless there is a good reason.**

Do you consider yourself to have a disability Yes  No

If you have answered 'no', please ignore the remaining questions in this section.

If you have answered 'yes', please complete the remaining section.

\* Do any of the disabilities or conditions listed below have a substantial and long term adverse effect on your ability to carry out normal day-to-day activities? Yes  No

Please tick the category or categories which apply to you:

- |   |                          |
|---|--------------------------|
| Hearing impairment                      | <input type="checkbox"/> |
| Visual impairment                       | <input type="checkbox"/> |
| Speech impairment                       | <input type="checkbox"/> |
| Mobility impairment                     | <input type="checkbox"/> |
| Physical co-ordination difficulties     | <input type="checkbox"/> |
| Reduced physical capacity               | <input type="checkbox"/> |
| Severe disfigurement                    | <input type="checkbox"/> |
| Learning difficulties                   | <input type="checkbox"/> |
| Mental illness/mental health difficulty | <input type="checkbox"/> |