

**Brain Injury Matters
Confidential Equal Opportunities Monitoring Form**

Guidance Notes:

Brain Injury Matters is committed to promoting equality of opportunity for all and welcomes volunteers from all sections of the community.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity in volunteering. The information that you provide will assist us to measure the effectiveness of our equal opportunity policies and take action to remove barriers to volunteering where necessary.

Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unfair decisions affecting you. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

You are not obliged to answer questions on this form and you will not suffer any penalty if you choose not to. If you do not wish to answer a question simply leave it blank.

Reference Number: _____

Disability: Do you consider that you are a disabled person?

Yes: No:

If you answered "yes", please indicate the nature of your impairment:

Physical Impairment: <i>Example: limited mobility</i>		Sensory Impairment: <i>Example: hearing impairment</i>	
Mental Health Condition: <i>Example: depression</i>		Learning disability/ difficulty: <i>Example: autism or dyslexia</i>	
Long-standing or progressive condition: <i>Example: hearing impairment</i>		Other: <i>(Please specify)</i>	

Age: Please state your date of birth: ___ / ___ / ___

Community Background: Regardless of whether they practice a religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities. **Please indicate the community to which you belong by ticking the appropriate box:**

Protestant: Roman Catholic: Neither:

Sex: Please indicate your sex by ticking the appropriate box below:

Male: Female:

Nationality: Please state your nationality: _____

Ethnic Origin: Please indicate your colour or ethnic or national origins:

White Chinese Irish Traveller Indian Pakistani

Bangladeshi Black African Black Other

Any other ethnic group (please state which): _____

Thank you for taking the time to complete this questionnaire.

Please place in a separate envelope marked F.A.O. Monitoring Officer and return with your application.