

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

**Pharmacy and Safe Use of Medicines**

**Engagement Advisory Group**

**Involvement Equal Opportunities Monitoring**

The Strategic Planning and Performance Group (SPPG) is committed to equality of opportunity for all. The SPPG will select those suitable for an involvement role solely on the basis of merit and will monitor any activity 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 promotion of equality of opportunity on the basis of categories (detailed below). 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 individuals cannot be identified. 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 |  |

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| **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 or 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  |