**Wellington Presbyterian Church Equal Opportunities Questionnaire**

Name: Click or tap here to enter text.

An equal opportunities questionnaire must be completed, in full and returned with application form.

1. Sex Male [ ]  Female [ ]
2. Marital Status Single [ ]  Married [ ]

Widowed [ ]  Divorced [ ]

Other/specify: Click or tap here to enter text.

1. Disability

Do you consider yourself to have a disability?

Yes [ ]  No [ ]

If yes, please indicate the nature of your disability by ticking the appropriate box(es).

Mobility [ ]  Dexterity/Co-ordination [ ]

Vision [ ]  Psychiatric/mental Health [ ]

Hearing [ ]  Learning [ ]

Speech [ ]  Other (please Specify): Click or tap here to enter text.

1. Race/Ethnic Origin

White [ ]  Chinese [ ]  Irish Traveller [ ]

Indian [ ]  Black African [ ]  Black Caribbean [ ]

Pakistani [ ]  Bangladeshi [ ]  Other (specify)Click or tap here to enter text.

1. Fair Employment Monitoring Information:

Please indicate the community to which you belong:

I belong to the Protestant Community [ ]

I belong to the Roman Catholic Community [ ]

I belong to neither the Protest nor Roman Catholic Community [ ]

NB. This questionnaire should be returned in a separate envelop to the application form or emailed separately from application form.