**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.