

EQUAL OPPORTUNITIES MONITORING

OPHTHALMIC PROFESSIONALS – GENERAL OPHTHALMIC SERVICES

The Strategic Planning & Performance Group is committed to promoting equality in our services. To do so and to improve our services, we need to better understand who uses our services. It is important to address diversity in the broadest sense, beyond age and gender. One way to do this is to better understand those aspects of diversity that are not immediately obvious. Equality legislation in Northern Ireland asks us to look at nine equality categories altogether. With this in mind, please check off the following categories where you want to include your responses.

All responses to this questionnaire will be treated within the principles of confidentiality and anonymity. This information is not used in any way to make a determination on your application. Use of monitoring information will involve statistical summaries only. No information which could be used to identify you will be made available in any way. All responses are processed in line with our strict and robust data protection obligations.

Section 75 of the Northern Ireland Act 1998 requires us to promote equality of opportunity on the basis of all nine categories. To assist in this monitoring process it is necessary to ask you a number of questions.

(1) Gender: Male Female Other

(1a) Is your gender identity the same as the gender you were originally assigned at birth?

Yes No

(2) Date of Birth: ___ / ___ / ____

(3) What is your country of birth?

Northern Ireland England Wales
Scotland Republic of Ireland
Elsewhere (please state) _____
Prefer not to say

(4) What is your ethnic group?

- | | | | | | |
|----------|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|
| White | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> | Mixed Ethnic Group | <input type="checkbox"/> |
| Filipino | <input type="checkbox"/> | Black Other | <input type="checkbox"/> | Roma Traveller | |

Prefer not to say

Any Other Ethnic Group (Please specify) _____

(5) Disability

In accordance with the Disability Discrimination Act 1995, a disability is defined 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.

Under this definition, do you consider yourself as having a disability?

Yes No

(5a.) If yes, please indicate which type of impairment(s) applies to you.

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

Mental health condition, such as depression or schizophrenia

Learning disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment such as Autism

Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Other _____

(6) How would you describe your Sexual Orientation?

- Gay
- Heterosexual
- Lesbian
- Gay Woman
- Bisexual
- Prefer not to say

(7) How would you describe your caring responsibilities? (Please tick all that apply)

- Child(ren) under 18
- An older person
- A person with a disability
- None
- Prefer not to say

(8) Please indicate your religion:

- Protestant
- Catholic
- Jewish
- Hindu
- Muslim
- Sikh
- Buddist
- Other, please specify
- Prefer not to say

(9) Please indicate your marital status:

- Single
- Separated
- Married/Civil Partnership
- Divorced/Dissolved Civil Partnership
- Cohabiting
- Widowed
- Other – please specify
- Prefer not to say

(10) How would you describe your political opinion?

- | | |
|-----------------------|--------------------------|
| Broadly Unionist | <input type="checkbox"/> |
| Broadly Nationalist | <input type="checkbox"/> |
| Other, Please specify | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Access to this information will be strictly controlled. **This information is given in confidence and assists with our decision making processes.** Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. Whilst the Strategic Planning & Performance Group will treat the information given in this monitoring slip as confidential, persons are advised that legal processes may require the Strategic Planning & Performance Group to disclose the information given on this slip to certain statutory bodies, and, in some circumstances, open Tribunal. Persons should complete the form in the knowledge that it will be processed in line with requirements of the Data Protection Act 1998.

The information will subsequently be transferred to the monitoring system operated for the Strategic Planning & Performance Group. There it will be strictly controlled in accordance with an agreed Code of Practice.

PLEASE RETURN THIS FORM, IN A SEALED ENVELOPE, DIRECTLY TO:-

**Mrs Louise Knocker
Strategic Planning & Performance Group
Department of Health
12-22 Linenhall St
Belfast
BT2 8BS**