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| Application No: |



**Application for Advice and/or Assistance**

Please read the guidance notes carefully beforecompleting the application form.

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| **Title** | | Dr Mr Mrs Ms Miss Other \_\_\_\_ | | |
| **First Name(s)** | |  | | |
| **Family Name** | |  | | |
| **Date of Birth** | |  | | |
| **Address** | |  | | |
| **Home Telephone No** | | |  | |
| **Work Telephone No** | | |  | |
| **Mobile No** | | |  | |
| **E-mail Address** | | |  | |
| **Occupation** |  | | | |
| **Do you have a representative? If yes, please provide name, address and contact details** | | | |  |

**Your Complaint**

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| About whom do you wish to complain? | |
| Name of company |  |
| Name & position in company of person/s | 1)  2)  3) |
| Address of company | ………………………………………….…………  ………………………………………….…………  ………………………………………….…………  ……………………….. Post Code ..…………… |

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| **General Data Protection Regulation** |
| You can obtain a copy of the Equality Commission’s Legal Services Privacy Notice from our website or request a hard copy.  We will keep a hard copy of this form and put the information you give us on this form onto a computer. This helps us to monitor progress of your application for assistance and to produce statistics. If you are granted assistance by the Equality Commission, we will send a copy of this form to any barrister and/or solicitor appointed on your behalf. We will not share it with any other organisations without your knowledge, unless we are required by law to do so.  The Equality Commission for Northern Ireland is a data controller required to notify the Information Commissioner under the General Data Protection Regulation. Our registration number is Z5830438 and you can view a copy of our register entry on the [Information Commissioner’s website](https://ico.org.uk/) or by request to the Equality Commission.  **Reasonable Adjustments** |
| To meet our statutory duty to make reasonable adjustments we need to ask whether you are a disabled person.  Under the Disability Discrimination Act 1995 (as amended), a person is considered to have a disabilty if he/she has a physical or mental impairment which has (or has had) a sustantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.  Do you consider that you meet this definition of disability?  Yes No  If yes, please state the type of disability-  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you require a reasonable adjustment to assist you in accessing our services (for example, a change to our procedure or documentation in an alternative format)?  Yes No  If yes, please state what reasonable adjustment you require: |

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| **Is English your First Language?** |
| Yes No  If English is **not** your first language, do you require an interpreter/translations?  Yes No Language Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Sexual Orientation Discrimination**

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| **Definition of Sexual Orientation:** |
| Sexual orientation means a sexual orientation towards:   * Persons of the same sex (this covers gay men and lesbians) * Persons of the opposite sex (this covers heterosexual men and women) * Persons of both sexes (this covers bisexual men and women) |

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| **When did the event or conduct in question happen?** |
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| **When did you first know about the event or conduct?** |
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| **Describe the event or conduct which you consider may amount to sexual orientation discrimination and tell us how it affected you.** |
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|  | |
| **State the name and sexual orientation (if known) of any person/s treated more favourably than you:** | |
|  | |
| **What is your sexual orientation or your perceived sexual orientation?** | |
|  | |
| **Why do you believe you have been treated in this way?** | |
| Because … | |

**Your complaint (continued)**

**All applicants must complete this page**

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| **Have you already lodged a complaint about this matter in the Industrial Tribunal or Fair Employment Tribunal?** |
| No  Yes Date of lodgement: ……………………………………………..  Case Reference Number: ……………………………………..  Date of Hearing (if known): …………………………………… |

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| **Have you already issued proceedings about this matter in the County Court?** |
| No  Yes Date of Issue of Civil Bill: …………………………………  Civil Bill Number: ………………………………………….  Date of Hearing (if known): ………………………………. |

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| **Please give details of any previous applications for assistance you have made to the Equality Commission for Northern Ireland.** | | |
| Date(s) | Name of respondent | Reference number(s) |
|  |  |  |
| **Declaration** | | |
| I wish to apply to the Equality Commission NI for assistance with my complaint of discrimination. I understand that the Commission has limited resources and operates a strategic legal enforcement policy which will be used to decide whether or not I will receive assistance.  I authorise the Commission to make whatever enquiries it thinks are necessary in order to consider my application.  I understand that the information obtained to help me bring a complaint to a Tribunal or County Court is confidential and I undertake not to disclose or use it for any other purpose.  I agree to inform the Commission immediately if I change my address or contact details.  I confirm that the information set out above is true to the best of my knowledge and belief. | | |

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| **Signed:** |  |
| **Dated:** |  |

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| **Note: This application for assistance to the Equality Commission Northern Ireland does not constitute a complaint to a Tribunal or a claim to the County Court which are separate and independent judicial bodies.** |