

Equality of Opportunity and Good Relations Commitment

In signing the agreement at the end of this form, all applicants are agreeing with the statement below.

The Arts Council of Northern Ireland has a statutory duty under the Northern Ireland Act 1998, in carrying out its functions to have due regard to the need to promote equality of opportunity between:

- Persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- Men and women generally;
- Persons with a disability and persons without; and
- Persons with dependants and persons without.

In addition, without prejudice to its obligations above, the Arts Council shall, in carrying out its functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

“We recognise these obligations and undertake not to act in any way, which would contravene the Arts Council’s statutory duty. We confirm our commitment to the principles of affording equality of opportunity in all aspects of our organisation’s activities, in particular with regard to access to and participation in these activities.

It is also our intention to ensure equal opportunity for all job applicants and employees and to eradicate direct or indirect discrimination. It is also our intention to have regard to the desirability of promoting good relations between:

- Persons of different religious belief, political opinion, racial group, age, marital status
- or sexual orientation;
- Men and women generally;
- Persons with a disability and persons without; and
- Persons with dependants and persons without.”

SECTION 7 – ENCLOSURES & CHECKLIST

I have enclosed the following essential documents	YES/ NO	Comment
CVs or information on artist/s, groups, technical staff, other personnel we propose to employ as part of the project.		

SIGNATURES

WE NEED TWO SIGNATURES ON THIS FORM:

- (A) the designated contact person identified in Section 1 of this form,
AND
(B) the Chairperson, Vice-Chair, Secretary or Treasurer

NOTE: (A) & (B) CANNOT BE THE SAME PERSON

(A) The contact person should sign this section

I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for more information at any stage of the application process.

Signed: _____ Date _____

(B) The Chairperson, Vice-Chair, Secretary or Treasurer must complete and sign this section.

Title _____ First Name _____ Surname _____

Position in Group _____

Address _____

Town/City _____ Post Code _____

Daytime Tel _____ Evening Tel _____

I agree, on behalf of _____ (insert group's name) that to the best of my knowledge and belief, all the information in this application form is true and correct.

Signed: _____ Date _____

Please remember to keep a copy of this application form for your own records.