**Creative Future**

**Equal opportunities Monitoring Form – Board of Trustees**

In order to monitor the effectiveness of our equal opportunities policy we ask applicants to provide us with information which could help us identify possible direct and indirect barriers to appointment. Any information provided here is confidential, and is not part of the selection procedure.

**Please return the completed form with your application. Thank you.**

Please let us know how you found out about the position.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**

Man 􀀀 Woman 􀀀 Intersex 􀀀 Non-binary 􀀀 Prefer not to say 􀀀 If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes 􀀀 No 􀀀 Prefer not to say 􀀀

**Age**

16-24 􀀀 25-29 􀀀 30-34 􀀀 35-39 􀀀 40-44 􀀀 45-49 􀀀

50-54 􀀀 55-59 􀀀 60-64 􀀀 65+ 􀀀 Prefer not to say 􀀀

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian/Asian British***

Indian 􀀀 Pakistani 􀀀 Bangladeshi 􀀀 Chinese 􀀀 Prefer not to say 􀀀

Any other Asian background, please write in here:

***Black/ African/ Caribbean/ Black British***

African 􀀀 Caribbean 􀀀 Prefer not to say 􀀀

Any other Black/African/Caribbean background, please write in here:

***Mixed/multiple ethnic groups***

White and Black Caribbean 􀀀 White and Black African 􀀀 White and Asian 􀀀

Prefer not to say 􀀀 Any other mixed background, please write in here:

***Other ethnic group***

Arab 􀀀 Prefer not to say 􀀀 Any other ethnic group, please write in here:

***White***

English 􀀀 Welsh 􀀀 Scottish 􀀀 Northern Irish 􀀀 Irish 􀀀

British 􀀀 Gypsy or Irish Traveller 􀀀 Prefer not to say 􀀀

Any other white background, please write in here:

**Do you consider yourself to have a disability or health condition?**

Yes 􀀀 No 􀀀 Prefer not to say 􀀀

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the manager running the recruitment process.

**What is your sexual orientation?**

Heterosexual 􀀀 Gay 􀀀 Lesbian 􀀀 Bisexual 􀀀

Prefer not to say 􀀀

If you prefer to use your own term, please specify here

**What is your religion or belief?**

No religion or belief 􀀀 Buddhist 􀀀 Christian 􀀀 Hindu 􀀀 Jewish 􀀀

Muslim 􀀀 Sikh 􀀀 Prefer not to say 􀀀

If other religion or belief, please write in:

:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 􀀀 Primary carer of a child/children (under 18) 􀀀

Primary carer of disabled child/children 􀀀

Primary carer of disabled adult (18 and over) 􀀀 Primary carer of older person 􀀀

Secondary carer (another person carries out the main caring role) 􀀀

Prefer not to say 􀀀

Thank you for taking the time to complete this form.