## Equality, Diversity and Inclusion Monitoring Form

Our vision is of a creative Wales where the arts are a central part of life. We want everyone living in Wales to have access to the arts, either as an audience member or an active participant.

We aspire to a society that embraces equality and celebrates difference, wherever it’s found; in race, gender identity and expression, sexual orientation, age, language, disability or poverty.

To help us monitor our progress on this journey, we would ask you to complete this form by selecting the options you feel best describe you. We will use the information you give us to help us ensure that our funding is reaching a broad range of people. The information will be used for monitoring purposes only and will be processed in accordance with the General Data Protection Regulations.

This information will help us understand the reach of our advertisements and the interest they generate in applicants from all backgrounds. The answers you provide will be separated form your application and treated confidentially. The form will not be shared with staff assessing your application and will not affect any decision on your application.

#### Post applied for:

### Gender

What best describes your gender? (please put a mark in the relevant box)

|  |  |
| --- | --- |
| Man |  |
| Non-binary |  |
| Woman |  |
| I use another term (please specify) |  |
| Prefer not to say |  |

Is this the gender you were assigned at birth?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

Are you trans?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Unsure |  |
| Prefer not to say |  |

### Age

Please put a mark in the relevant box

|  |  |  |  |
| --- | --- | --- | --- |
| Under 20 |  | 20-29 |  |
| 30-39 |  | 40-49 |  |
| 50-59 |  | 60 or over |  |
| Prefer not to say |  |  |  |

### Relationship status

What best describes your relationship status? (please put a mark in the relevant box)

|  |  |
| --- | --- |
| Divorced / Formerly a Civil Partnership (now legally dissolved) |  |
| Married / Civil Partnership |  |
| Single |  |
| Widowed / A surviving Civil Partner |  |
| Other (please specify) |  |
| Prefer not to say |  |

### Sexual orientation

What best describes your sexual orientation? (please put a mark in the relevant box)

|  |  |
| --- | --- |
| Bi |  |
| Gay / Lesbian |  |
| Heterosexual / Straight |  |
| I use another term (please specify) |  |
| Prefer not to say |  |

### Religion / Belief

What best describes your religion or belief? (please put a mark in the relevant box)

|  |  |  |  |
| --- | --- | --- | --- |
| Atheist |  | Muslim |  |
| Buddhist |  | No Religion |  |
| Christian |  | Sikh |  |
| Hindu |  | Other (please specify) |  |
| Jewish |  | Prefer not to say |  |

### National Identity

|  |  |  |  |
| --- | --- | --- | --- |
| British |  | Welsh |  |
| English |  | Other (please specify) |  |
| Northern Irish |  | Prefer not to say |  |
| Scottish |  |  |  |

### Ethnicity

What best describes your ethnicity? (please put a mark in the relevant box)

#### Arab

|  |  |  |  |
| --- | --- | --- | --- |
| Arab British |  | Middle Eastern Arab |  |
| Arab Welsh |  | Any other Arab background(please specify) |  |
| North African Arab |  | Prefer not to say |  |

#### Asian

|  |  |  |  |
| --- | --- | --- | --- |
| Asian British |  | Indian |  |
| Asian Welsh |  | Pakistani |  |
| Bangladeshi |  | Any other Asian background(please specify) |  |
| Chinese |  | Prefer not to say |  |

#### Black

|  |  |  |  |
| --- | --- | --- | --- |
| African |  | Caribbean |  |
| Black British |  | Any other black / African / Caribbean background(please specify) |  |
| Black Welsh |  | Prefer not to say |  |

#### Mixed / Multiple Ethnicity

|  |  |  |  |
| --- | --- | --- | --- |
| White and Asian |  | Any other mixed / multiple ethnicity background(please specify) |  |
| White and Black African |  | Prefer not to say |  |
| White and Black Caribbean |  |  |  |

#### White

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Gypsy / Roma / Traveller |  |
| White Welsh |  | Any other white background background(please specify) |  |
| White Irish |  | Prefer not to say |  |

#### Other ethnic group

|  |  |
| --- | --- |
| Any other ethnic group (please specify) |  |
| Prefer not to say |  |

### Pregnancy and Maternity

Are you pregnant, on maternity leave, or returning from maternity leave? Please put a mark in the relevant box.

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

### Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.

Do you consider yourself to be a disabled person according to the legal definition? (please put a mark in the relevant box)

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

If yes, is your disability related to any of the following:

|  |  |  |
| --- | --- | --- |
| Cognitive impairment (e.g. Autism, Asperger’s Syndrome, head injury) | |  |
| Learning disability (e.g. dyslexia, dyspraxia) | |  |
| Long term illness / health condition (e.g. asthma, diabetes, epilepsy, Multiple Sclerosis) | |  |
| Mental health Condition (e.g. anorexia, depression, schizophrenia) | |  |
| Physical impairment (e.g. amputation, wheelchair user, manual dexterity issues) | |  |
| Sensory impairment (e.g. Blind, Deaf, Glaucoma, hearing or visual impairment) | |  |
| Other (please specify) |  | |
| Prefer not to say | |  |

The social model of disability says that people are disabled by barriers in society and the way that society is organised, rather than by a person’s impairment or difference.

Do you consider yourself to be a disabled person according to the social model? (please put a mark in the relevant box)

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

If yes, is your disability related to any of the following:

|  |  |  |
| --- | --- | --- |
| Cognitive impairment (e.g. Autism, Asperger’s Syndrome, head injury) | |  |
| Learning disability (e.g. dyslexia, dyspraxia) | |  |
| Long term illness / health condition (e.g. asthma, diabetes, epilepsy, Multiple Sclerosis) | |  |
| Mental health Condition (e.g. anorexia, depression, schizophrenia) | |  |
| Physical impairment (e.g. amputation, wheelchair user, manual dexterity issues) | |  |
| Sensory impairment (e.g. Blind, Deaf, Glaucoma, hearing or visual impairment) | |  |
| Other (please specify) |  | |
| Prefer not to say | |  |

### Welsh Language

Please put a mark in the relevant boxes:

|  |  |
| --- | --- |
| No Welsh language ability |  |
| Ability to speak Welsh and use it regularly |  |
| Ability to speak Welsh and use it occasionally |  |
| Ability to speak Welsh but lack confidence in using it |  |
| Ability to speak Welsh but no opportunity to use |  |
| Learned Welsh in the past but lost confidence |  |
| Currently learning Welsh |  |
| Would like to learn Welsh with guidance and support |  |

If you are currently learning Welsh, please choose at which level (put a mark in the relevant box):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Entry level | Foundation | Intermediate | Advanced | Proficiency |
|  |  |  |  |  |