# **Equal Opportunities 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, sexuality, 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 is your gender? (please put a mark in the relevant box)

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Other (please specify) |  |
| Prefer not to say |  |

Is this the gender you were assigned at birth? (please put a mark in the relevant box)

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

## Age

Please put a mark in the relevant box

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

## Relationship Status

Please put a mark in the relevant box

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

## Sexual Orientation

Please put a mark in the relevant box

|  |  |
| --- | --- |
| Bisexual  |  |
| Gay / Lesbian |  |
| Heterosexual / Straight |  |
| Other (please specify) |  |
| Prefer not to say |  |

## Religion / Belief

Please put a mark in the relevant box

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

## National Identity

Please put a mark in the relevant box

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

## Ethnic Group

Please put a mark in the relevant box

**White**

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

**Mixed / Multiple Ethnic Groups**

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

**Asian / Asian British**

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

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

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

**Other Ethnic Group**

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

## Pregnancy and Maternity

As a woman are you pregnant, on maternity leave, or returning from maternity leave? Please put a mark in the relevant box (this question is not applicable to male applicants).

|  |  |
| --- | --- |
| 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:

|  |  |
| --- | --- |
| Learning disability (e.g. dyslexia, dyspraxia) |  |
| Long term illness / health condition (e.g. asthma, diabetes, epilepsy, Multiple Sclerosis) |  |
| Sensory impairment (e.g. Blind, Deaf, Glaucoma, hearing or visual impairment) |  |
| Mental health Condition (e.g. anorexia, depression, schizophrenia) |  |
| Physical impairment (e.g. amputation, wheelchair user, manual dexterity issues) |  |
| Cognitive impairment (e.g. Autism, Asperger’s Syndrome, head injury) |  |
| 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:

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

## Language Preference

We welcome correspondence in Welsh and English and corresponding in either language will not lead to any delay. In which language would you like to be communicated with?

Please put a mark in the relevant box

|  |  |
| --- | --- |
| Welsh |  |
| English |  |

(Please note: interview questions and assessments may be held in Welsh and English where the ability to speak Welsh is essential for the role)