**Equal opportunities monitoring form**

You do not have to complete this form, but it would really help us if you do. We use the information to try and ensure that our commitment to equality and diversity actually works in practice.

The information you give us here is anonymous and will not be passed on to anyone. It is used only for statistical monitoring. Thank you.

1. Personal details

Position applied for: Click here to enter text.

1. Gender

Which of the following best describes you?

Male  Female

Any other gender (please state below)  Prefer not to say

………………………………………………………………………………………………………….

**Sexual Orientation**

**3**

Which of the following best describes your sexual orientation?

Lesbian  Heterosexual

Gay  Prefer not to say

Bisexual  Any other sexual orientation (please state

below)

………………………………………………………………………………………………………….

1. Age

16 – 24  55 – 64

25 – 34  65+

35 – 44  Prefer not to say

45 – 54

1. Ethnicity

Please tick against the ethnicity that best represents you. As you make your decision, please think about what ethnic group means to you: that is, how you see yourself. Your ethnicity is a mixture of culture, religion, skin colour, language and the origins of yourself and your family. It is not necessarily the same as nationality.

White

English/ Welsh/ Scottish/ Northern Irish/ British

Irish

Gypsy, Traveller or Irish Traveller

Any other White background, please state: Click here to enter text.

Asian or Asian British

Asian Bangladeshi

Asian Chinese

Asian Indian

Asian Pakistani

Any other Asian background, please state: Click here to enter text.

Black or Black British

Black African

Black Caribbean

Any other Black background, please state: Click here to enter text.

Dual Heritage

Dual Asian and White

Dual Black African and White

Dual Black Caribbean and White

Dual Chinese and White

Any other background, please state: Click here to enter text.

Prefer not to say

**Religion and belief**

**6**

What is your religion?

Buddhist  Muslim

Christian  Non-Religious (Atheist, Humanist etc)

Hindu  Sikh

Jewish  Other

Prefer not to say

If you prefer to use your own term please provide this here.

………………………………………………………………………………………………………….

7 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 (i.e. has lasted or is expected to last at least 12 months) negative effect on their ability to carry out normal daily activities.

Do you consider yourself to have a disability according to this definition?

Yes No  Prefer not to say

Please let us know if you would like us to provide any particular assistance or if you require any reasonable adjustments to be made to remove disabling barriers. You can provide details of the adjustment below or make contact with Angela Linton ([angela.linton@youthmusic.org.uk](mailto:angela.linton@youthmusic.org.uk)) to discuss this in confidence.

………………………………………………………………………………………………………….

8 Caring responsibilities

Do you have caring responsibilities? (e.g. children living at home, providing care for a relative, partner or friend)

Yes No  Prefer not to say