**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) 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