Equal Opportunities Form

**About the form**

We are committed to equal opportunities across all our work. We want to reflect the rich diversity in the borough of Brent and the world at large. This Equal Opportunities form helps us build an accurate picture of who is applying to our opportunities. This allows us to measure our progress in reaching a diverse range of applicants and to make adjustments in the future, if needed.

We would really appreciate you taking the time to complete the form.

There are 10 questions in total. All questions are optional. We respect your right not to provide all or some of the information requested. All information provided by candidates will be treated confidentially.

*Please note* - the information entered on this page will NOT be used to assess your application and is for statistical monitoring purposes only.

By completing this survey, you consent to us processing your personal data for the purposes outlined above, in accordance with the Data Protection Act 2018.

**Equal Opportunities Monitoring Form**

 *Please mark your answers in bold, or in another colour.*

**1. Where did you hear about this opportunity?**

□ Metroland Cultures’ website

□ Metroland Cultures’ Instagram

□ Metroland Cultures’ Twitter

□ Metroland Cultures’ Facebook

□ Another organisation’s social media (please specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Arts Jobs

□ Word of mouth

□ Other, please specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. What is your age group?**

□ 18-24

□ 25-29

□ 30-34

□ 35-39

□ 40-44

□ 45-49

□ 50-54

□ 55-59

□ 60-64

□ 65+

□ Prefer not to say

**3. What is your gender?**

□ Woman

□ Man

□ Non-Binary

□ Trans Woman

□ Trans Man

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Prefer not to say

**4. What is your ethnicity?**

Ethnic origin is not just about nationality, place of birth or citizenship. It is also about the group to which you perceive you belong. Please select appropriately.

□ White-British

□ White-Irish

□ Other White background

□ Mixed – White and Black Caribbean

□ Mixed – White and Black African

□ Mixed – White and Asian

□ Other Mixed background

□ Asian – Indian

□ Asian – Pakistani

□ Asian - Bangladeshi

□ Asian – Chinese

□ Other Asian background

□ Black – Caribbean

□ Black – African

□ Other Black background

□ Arab

□ Prefer not to say

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Do you consider yourself to have disability or health condition in accordance with the Equality Act 2010?**

The Equality Act 2010 defines a disability as “a physical or mental impairment which has substantial and long-term adverse effect on your ability to carry out normal day to day activities”.

“Substantial” is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed.

“Long-term” means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.

□ Yes

□ No

□ Prefer not to say

If yes, please state any reasonable adjustments needed to enable you to do the role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. What is your sexual orientation?**

□ Bisexual

□ Heterosexual

□ Homosexual

□ Asexual

□ Prefer not to say

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Are you married or in a civil partnership?**

□ Yes

□ No

□ Prefer not to say

**8. What is your current working status?**

□ Permanent employee

□ Fixed-term employee

□ Freelance/Self-employed

□ Part-time employee

□ Zero hours contract

□ Unemployed

□ Student

□ Prefer not to say

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Do you have caring responsibilities?**

□ Primary caregiver of a child/children (under 18)

□ Primary caregiver of a disabled child/children (under 18)

□ Primary carer of a disabled adult (18 and over)

□ Primary carer of an older person

□ Secondary carer

□ None

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Prefer not to say

**10. If you feel you have experienced other barriers not covered by the above, on which you feel we might be able to ask for data, please tell us here. This will help us refine this process and improve both our reporting and our actions.**

**Thank you for your time.**