

Equal Opportunities Monitoring

The Art House is committed to ensuring that every person who works with and for us is treated equally, without discrimination on the grounds of gender, gender reassignment, sexual orientation, marital or civil partner status, race, colour, nationality, ethnic or national origin, religion or belief, disability or age.

This form is designed to gather anonymous information which helps us maintain equal opportunities best practice and identify barriers to equality and diversity in our workforce, audience, and artistic community.

Please complete this form and return it around the same time as your application. The information provided on your form will be used for monitoring purposes only and will play no part in the recruitment process.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All of the information you supply will be confidential, securely stored and with access limited to a small number of staff in the organisation. Additionally, the anonymised data of all staff will be shared with our funders to inform their own equal opportunities monitoring.

A copy of The Art House's Equal Opportunities Policy is available on request. This form can also be [completed online](#) if you would prefer.

Please tick to confirm:

- I give my consent for the information I give to be used as described above, in accordance with the General Data Protection Regulations (GDPR) 2016/679
-

Age

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 20 | <input type="checkbox"/> 44 - 49 |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 50 - 54 |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 55 - 59 |
| <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 60 - 64 |
| <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 65 and over |
| <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> Prefer not to say |

Gender

- | | |
|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Male | <input type="checkbox"/> If you use another term, please specify: |
| <input type="checkbox"/> Transgender | |
| <input type="checkbox"/> Non-binary | |
| <input type="checkbox"/> Gender non-conforming | |
-

Residence

On what continent to you reside permanently?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> UK | <input type="checkbox"/> Asia |
| <input type="checkbox"/> Europe (Non-UK) | <input type="checkbox"/> Africa |
| <input type="checkbox"/> North America | <input type="checkbox"/> Australia |
| <input type="checkbox"/> South America | |

Please specify which country you reside in permanently:

Ethnicity

What is your ethnic group?

Asian, Asian British, Asian Irish

- Bangladeshi
 - Indian
 - Pakistani
 - Any other Asian background – please specify:
-

Black, Black British, Black Irish

- African
- Caribbean

Any other Black background – please specify:

Mixed

- White and Asian
 - White and Black African
 - White and Black Caribbean
 - Any other Mixed background – please specify:
-

White, White British, White Irish

- British – English
 - British – Scottish
 - British - Welsh
 - British - Cornish
 - Irish
 - Any other White background – please specify:
-

Chinese / Middle Eastern/ Other ethnic background

- Chinese
 - Middle Eastern / North African
 - Any other background – please specify:
-

Prefer not to say

Sexual Orientation

How would you describe your sexual orientation?

Heterosexual / straight

Gay man

Gay woman / lesbian

Bisexual

Queer

Prefer not to say

If you use another term, please specify:

Disability

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes – limited a little

Yes – limited a lot

No

Prefer not to say

Marital Status

Are you married or in a civil partnership?

Yes

No

Prefer not to say

Religion of Belief

What is your religion or belief?

No religion of belief

Muslim

Jewish

Christian

Sikh

Buddhist

Hindu

Prefer not to say

If you have a different religion or belief to the ones listed, please specify:

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Thank you for completing this form, the information you have supplied will help us to maintain equal opportunities best practice and identify areas for improvement.

Please submit your completed form via our [online portal](#).