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| **Equal Opportunities Monitoring Form** |
| Open Clasp Theatre Company is an equal opportunities employer. To assist us in monitoring the operation of our equal opportunities policy, and **for no other reason** please answer the following questions. (Tick box where appropriate). These forms will be destroyed once the recruitment process is complete. |
| **DIVERSITY** |
| Can you please let us know your Ethnicity?  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.  How would you describe your ethnicity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SEXUAL ORIANTATION** |
| Can you please let us know your sexual orientation?   * Bisexual * Lesbian or Gay * Heterosexual * Prefer to self-describe * Prefer not to say   If you would prefer to self-describe, please express yourself here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DISABILITY** |
| Do you consider yourself to have a disability? Under the Equality Act (2010), a disability is defined as any long-term impairment which has a substantial adverse effect on your ability to carry out day-to-day activities. Examples include conditions which affect your learning, mobility, physical coordination, mental health, speech, hearing or eyesight, as well as conditions such as diabetes and epilepsy which may normally be controlled via medication.  Please tick the box that applies to you.   * Yes * No * Prefer not to say   If yes, could you provide more details?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you need access support for this recruitment process?   * Yes * No   If yes, please let us know how we can support:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PERSONAL DETAILS** |
| **Age Group** (please tick)   * 16 - 18 * 19 - 26 * 27 - 35 * 35 - 49 * 50 – 64 * 65+ * Prefer not to say |
| **GENDER IDENTITY** |
| Please tick   * Woman * Man * Trans Woman * Trans Man * Non-Binary * Prefer to self-describe * Prefer not to say   If you prefer to self-describe, please express yourself here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How did you hear about his vacancy?** |
| **DECLARATION** |
| **I declare that the information on this form is true and complete. I understand that any wilful misstatement or omission renders me liable to dismissal if engaged.**  **Signature: Date:**  **Please note there is no need to have an original signature on the form if you are emailing it back to us. In emailing the form we accept that you are declaring that the information contained within the application is correct.** |