**Creative Future Director Post**

**Equal opportunities monitoring form**

In order to monitor the effectiveness of our equal opportunities policy we ask applicants to provide us with information which could help us identify possible direct and indirect barriers to appointment. Any information provided here is confidential, and is not part of the selection procedure. The filling of this form is voluntary but would be helpful to ensure we are reaching as wide a range of applicants as possible.

How did you hear about the position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_ Gender: MALE [ ]  FEMALE [ ]  PREFER NOT TO SAY [ ]

Please tick the ethnic category that best represents you. Your ethnic category is a mixture of culture, religion, skin colour, language and the origins of yourself and your family. It is not the same as nationality.

**2) Ethnic Origin**The ethnic origin categories are those used in the population census and are recommended by the Commission for Racial Equality.

|  |  |  |
| --- | --- | --- |
| **I would describe my ethnic origin as:** | **Please tick one box** | Ref. |
| **White** | British |  | WB |
| Irish |  | WI |
| Any other white background \* |  | WO |
| **Mixed** | White and Black Caribbean |  | MC |
| White and Black African |  | MB |
| White and Asian |  | MA |
| Any other mixed background \* |  | MO |
| **Asian or Asian British** | Indian |  | I |
| Pakistani |  | P |
| Bangladeshi |  | B |
| Any other Asian background \* |  | AO |
| **Black or Black British** | Caribbean |  | BC |
| African |  | BA |
| Any other Black background \* |  | BO |
| **Chinese**  | Chinese |  | C |
| **\*Other ethnic group (OE)** | Please state: |  |

**3) Is there anyone who relies on you for day-to-day care**

**and attention?** (please delete as appropriate) YES/NO

If YES, are they: a) Children 0 – 4 (please tick box/boxes) 5 – 11

 12 – 16

 b) Other family member or partner (please tick)

**4) Do you consider yourself to have a disability?**

The definition of disability under the Equality Act 2010 is “a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”. The disability could be physical, sensory or mental and must be expected to last at least 12 months.

(please delete as appropriate)YES/NO

If you have answered YES to the question above, how would you best describe your disability? Please tick all that apply.

Hearing Mobility Mental health

Visual Physical Severe disfigurement

Speech Learning Other....................

**5) Have you ever had a criminal record or do you have a pending court offence?**  YES/NO

(please give details if answered YES)……………………………………………………………..

**Thank you for completing this form**