**Equal Opportunity & Diversity Monitoring Form**

This is a **voluntary** monitoring form and any information you share with us will be used for monitoring purposes only so The Village Storytelling Centre can evaluate how well we are doing in the elimination of discrimination and advancing equality.

The information you provide will stay confidential, be stored securely and anonymously, separate from your application form. It will be viewed only by the person compiling a summary table of all applications which will only be seen by Board members on the HR sub-group, after the selection process.

The Equality Act 2010 requires equal treatment regardless of age, disability, gender re-assignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, gender and sexual orientation.

If you would rather not disclose any of the information below, please delete all the options to each question leaving only ‘I do not wish to disclose this information*’* option for each, and return it along with your application.

**Post Applied For:**

**Date:**

**Please tell us what age you are:**

**What is your gender identity?:**

Man (including trans man)

Woman (including trans woman)

Other (e.g. androgyne person):

I do not wish to disclose this information

**Do you identify (or have ever identified) as transgender person?**

Yes

No

I do not wish to disclose this information

**Please tell us about your sexual orientation:**

Bisexual

Gay man

Lesbian/Gay woman

Heterosexual/Straight

Other (please specify)

I do not wish to disclose this information

**Ethnic Origin:**

Black: African

Caribbean

British

Other (please specify)

White: Scottish

Irish

Northern Irish

Welsh

English

British

European

Other (please specify)

Asian: Indian

Bangladeshi

Pakistani

Chinese

British

Other (please specify)

Other Australasian

N American

Gypsy/Traveller

Other ethnic background:

Mixed or Multiple background: (please specify)

Other (please specify):

I do not wish to disclose this information

Disability is defined as being a **‘Physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.’**

**Based on the definition above, do you consider yourself to have a disability?**

Yes

No

I do not wish to disclose this information

**Please tell us what type(s) of disability you have:**

Physical

Sensory

Learning Disability/Difficulty

Long-standing illness

Mental Health condition

Other (please specify)

I do not wish to disclose this information

Please tell us your religious belief:

No religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other (please specify):

I do not wish to disclose this information