**DIVERSITY MONITORING FORM**

SUMMARY

Taunton Theatre Association is committed to diversity and equal opportunities in all aspects of our work.

The personal information requested in this form will help us to comply with the law and to ensure that our policies and practices are fair and effective. The information provided will be used for the purposes of recruitment and selection monitoring. It will be treated in strictest confidence and processed in accordance with the Data Protection Act 1998. It will be separated from your application form before making any selection decisions.  If you become an employee of Taunton Theatre Association, the information will be processed for the purposes of personnel administration and retained for monitoring purposes only.

**All information is optional. If you would prefer not to give any of the details below, please leave those sections blank but return the form anyway.**

**1. Gender**

I would identify myself as: Male [ ]  Female [ ]  Transgender [ ]

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Age**

Less than 25 [ ]  [ ]  45-54

25-34 [ ]  [ ]  55-64

35-44 [ ]  [ ]  65+

**3. Ethnicity**

Asian or Asian British – Indian [ ]  [ ]  Mixed – White and Black Caribbean

Asian or Asian British – Pakistani [ ]  [ ]  Mixed – White and Black African

Asian or Asian British – Bangladeshi [ ]  [ ]  Mixed – White and Asian

Asian or Asian British – Other [ ]  [ ]  Mixed – Other

Black or Black British – Caribbean [ ]  [ ]  White – British

Black or Black British – African [ ]  [ ]  White – Irish

Black or Black British – Other [ ]  [ ]  White – Other

Chinese [ ]  [ ]  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Do you consider yourself to be a disabled person\*?**

*\* Disability, as defined by the Disability Discrimination Act, covers many people who may not usually have considered themselves disabled. It covers physical or mental impairments with long term, substantial effects on ability to perform day-to-day activities.*

Yes [ ]  No [ ]

*Nature of disability (please tick all that apply):*

Deaf or hearing impaired [ ]  [ ]  Learning disabilities (includes dyslexia)

Blind or visually impaired [ ]  [ ]  Long-term illness or debilitating disease

Musco-skeletal (co-ordination/dexterity/mobility) [ ]  [ ]  Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental health (including serious depression) [ ]

**5. Do you have any dependent children (under the age of 16) living with you?**

Yes [ ]  No [ ]

**6. Sexual orientation**

Bisexual [ ]  [ ]  Heterosexual

Gay [ ]  [ ]  Lesbian

 [ ]  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Religion or belief**

Which group do you most identify with?

No religion [ ]  [ ]  Jewish

Christian [ ]  [ ]  Muslim

Buddhist [ ]  [ ]  Sikh

Hindu [ ]  [ ]  Other, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Prefer not to say