****

**Equal Opportunities Monitoring Form**

The Marina Theatre Trust strives to operate a policy of equal opportunity and not discriminate against any person. This includes adhering to the Equality Act 2010, and building an accurate picture of the make-up of our workforce in encouraging equality and diversity.

We need your help and co-operation to help us monitor our effectiveness as an equal opportunities employer, but filling in this form is voluntary. Please return this form as a separate attachment to your application.

**This information will only be used for monitoring purposes and is separated from your application at the point of receipt.**

|  |
| --- |
| Disability |

Do you consider yourself to have a disability? Yes/No

If Yes, are you registered disabled? Yes/No

Prefer not say 🗆

|  |
| --- |
| Gender |

Male 🗆 Female 🗆 Non-binary 🗆 Prefer not to say 🗆

If your own term is not listed, please specify here …………………….

|  |
| --- |
| Marriage/Civil partnership status |

Are you married or in a civil partnership? Yes 🗆 No 🗆 Prefer not to say 🗆

|  |
| --- |
| Sexual Orientation |

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

Prefer not to say 🗆

If you prefer to use your own term, please specify here ……………………………………………….….

|  |
| --- |
| Age |

Under 21 31-40 51 - 65

21 – 30 41-50 Over 65

|  |
| --- |
| Religion/belief |

What is your religion or belief?

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆 Muslim 🗆 Sikh 🗆

Prefer not to say 🗆

If other religion or belief, please specify her………………………………………..

|  |
| --- |
| Working patterns |

What is your current working pattern?

None 🗆 Flexi-time 🗆 Staggered hours 🗆 Term-time hours 🗆 Annualised hours 🗆 Job-share 🗆

Flexible shifts 🗆 Compressed hours 🗆 Homeworking 🗆 Prefer not to say 🗆

If other, please specify here……………………………………………

|  |
| --- |
| Caring responsibilities |

Do you have any caring responsibilities?

None 🗆 Primary carer of a child/children (under 18) 🗆 Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

|  |
| --- |
| Ethnic Origin & Cultural Background |

How would you describe your ethnic origin?

**Choose ONE Section A to F, then tick the appropriate boxes to indicate your cultural background.**

|  |
| --- |
| A White |

English Irish

Scottish Welsh

Any other White background, please specify in

|  |
| --- |
| B Mixed / Multiple Ethnic Groups |

Mixed English White & Black Caribbean

Mixed Scottish White & Black African

Mixed Welsh White & Asian

Any other Mixed background, please specify in

|  |
| --- |
| C Asian / Asian British |

Asian English Indian

Asian Scottish Pakistani

Asian Welsh Bangladeshi

Any other Asian background, please specify in

|  |
| --- |
| D Black / African / Caribbean / Black British |

Black English Caribbean

Black Scottish African

Black Welsh

Any other Black background, please specify in

|  |
| --- |
| E Chinese / Chinese British |

Chinese English Chinese Welsh

Chinese Scottish Chinese

Any other background, please specify in

|  |
| --- |
| F Other ethnic group |

Prefer not to say

Any other background, please specify in

March 2021