**50/50 Equal opportunities monitoring form**

AIAWTC is committed to a policy of increasing access and diversity and therefore monitors and reviews anonymous data about employees, contractors, volunteers and board members. In addition, as part of our funding agreement with Arts Council England, we are required to report equal opportunities monitoring data. The questions below are set by ACE and are not determined by AIAWTC. All forms are treated as confidential and are kept on a secure hard-drive with restricted access. Special category data is stored electronically, analysed and reported to ACE and other bodies is anonymous.

You are not obliged to return this form however we are extremely grateful for your help in providing this information where you are happy to do so. The information helps us monitor our equal opportunities policy and identify potential direct and/or indirect barriers.

Please highlight your answers in this form and return it to [5050@aiawtc.com](mailto:5050@aiawtc.com) marked private and confidential.

Name:

Role: Applicant for 50/50 at Pleasance Mainhouse, 2nd March 2020

**AGE**

What is your age?

□ 0-19 □ 20-34 □ 35-49 □ 50-64 □ 65+ □ Prefer not to say

**GENDER IDENTITY**

What do you consider your gender to be?

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

□ Tick if your gender identity is different to the sex you were assumed to be at birth

**SEXUAL ORIENTATION**

What is your sexual orientation?

□ Bisexual □ Gay Man □ Gay Woman /Lesbian □ Heterosexual/Straight □ Prefer not to say

**ETHNIC GROUP**

What do you consider your ethnic group to be? (Mark one that best represents you)

□ Irish □ British

□ Gypsy or Irish Traveller □ Any Other White background

□ White and Black Caribbean □ White and Black African

□ White and Asian □ Any Other Mixed background

□ Caribbean □ African

□ Any Other Black background □ Indian

□ Pakistani □ Bangladeshi

□ Chinese □ Any Other Asian background

□ Arab □ Any other ethnic group

□ Prefer not to say

**DISABILITY**

Do you consider yourself to have a disability? (Mark one that best represents you)

□ Non-disabled □ Visual impairment

□ Hearing impairment/Deaf □ Physical disabilities

□ Mental health condition □ Cognitive or learning disabilities

□ Other long term/chronic conditions □ Prefer not to say