

House of Imagination: Equal Opportunities Monitoring Form

House of Imagination (HOI) is committed to ensuring that all applicants and members of staff are treated equally and without discrimination. We need your help and co-operation to enable us to do this.

This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

All questions are optional. You are not obliged to answer any of these questions. All information supplied will stay confidential. **Completion of this form is voluntary.**

Please return your completed form with your application. **The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.** Thank you for your assistance.

How did you find out about this post?

- HOI website
- Online publication/job-board (please state):
- Social media (please state):
- Other (please state): eg. Arts Jobs

Your ethnic origin

These categories are based on the Census 2011 categories and recommended by the Commission for Racial Equality.

Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Asian / Asian British
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other Asian background (specify if you wish):

White

- British
- English
- Gypsy or Irish Traveller
- Irish
- Scottish
- Welsh
- Other White background (specify if you wish):

Black, Black British, Black English, Black Scottish, or

Mixed or multiple ethnic groups

Black Welsh

African

Caribbean

Other Black background (specify if you wish):

White and Asian

White and Black African

White and Black Caribbean

White and Chinese

Other mixed background (specify if you wish):

Other ethnic group

Arab

Other ethnic group (specify if you wish):

Prefer not to say

Your gender:

Male

Female

Transgender

Gender non-conforming

Non-binary

Prefer not to say

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

Your age

16 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65+

Prefer not to say

Your sexual orientation

- Heterosexual / straight
- Bisexual
- Gay man
- Gay woman / lesbian
- Prefer not to say

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

Are you affected by the protected characteristic of gender reassignment?

- Yes
- No
- Prefer not to say

Is your gender identity the same as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

Marriage and civil partnership

- Single
- Married/in a registered same-sex civil partnership
- Separated, but still legally married/in a registered same-sex civil partnership
- Divorced/formerly in a same-sex civil partnership which is now legally dissolved
- Widowed/Surviving partner from a same-sex civil partnership
- Prefer not to say

Your religion or belief

- | | |
|--|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other (specify if you wish): |
| | <input type="checkbox"/> Prefer not to say |

Disability

The Equality Act 2010 defines a disabled person as someone who has 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.

Do you consider yourself to be disabled?

Yes.

Please provide information (optional):

No

Prefer not to say

Caring responsibilities

Do you look after, or give any help or support to a family member, friend or neighbour because of long term physical disability, mental ill-health or problems related to old age?

Yes.

Please provide information (optional):

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)

No

Prefer not to say

Please complete and return this form with your completed application to katejmason01@gmail.com

This form will be separated from your other form on receipt and will not form part of any selection process.

THANK YOU FOR YOUR APPLICATION