

EQUAL OPPORTUNITIES MONITORING FORM

The Landmark Arts Centre is committed to a policy of equal opportunities for all. In order to monitor the operation of this policy, we ask for your co-operation in completing the appropriate boxes below. The information you provide here is given in absolute confidence. It will be used for statistical purposes only, to monitor our Equal Opportunities Policy. You are not obliged to answer any of the questions, and if you choose not to do so, this will not affect your application in any way.

1. I would describe my ethnic group as:**White**

- | | | | |
|--------------------------|---|--------------------------|----------|
| <input type="checkbox"/> | English | <input type="checkbox"/> | Scottish |
| <input type="checkbox"/> | Welsh | <input type="checkbox"/> | Irish |
| <input type="checkbox"/> | Any other White background, please specify: | | |

Mixed

- | | | | |
|--------------------------|---|--------------------------|-------------------------|
| <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> | White and Black African |
| <input type="checkbox"/> | White and Asian | | |
| <input type="checkbox"/> | Any other Mixed background, please specify: | | |

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

- | | | | |
|--------------------------|---|--------------------------|-----------|
| <input type="checkbox"/> | Indian | <input type="checkbox"/> | Pakistani |
| <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | Any other Asian background, please specify: | | |

Black, Black British, Black English, Black Scottish, Black Irish or Black Welsh

- | | | | |
|--------------------------|---|--------------------------|---------|
| <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | African |
| <input type="checkbox"/> | Any other Black background, please specify: | | |

Other

- | | | | |
|--------------------------|---|--|--|
| <input type="checkbox"/> | Any other background, please specify: | | |
|--------------------------|---|--|--|

2. I would describe my gender as:

- | | | | | | | | |
|--------------------------|------|--------------------------|--------|--------------------------|------------|--------------------------|-------------------|
| <input type="checkbox"/> | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Non Binary | <input type="checkbox"/> | Prefer not to say |
|--------------------------|------|--------------------------|--------|--------------------------|------------|--------------------------|-------------------|

Name:

Date:

Position applied for:

Signed: