**Ballet Cymru aims to meet the aims and commitments set out in its equality policy, and encourage equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.**

This form will **not** be used during the short listing process but will be used separately and for the purpose of recruitment monitoring and provision of statistical data. All information supplied will be treated in the strictest confidence and protected from misuse. Ballet Cymru will collect and store the information given on this form in accordance with GDPR and the Company’s Privacy and Data Protection Policy. We will not use it for any other purpose or reveal it to any other organisation except under our statutory obligations.

|  |  |
| --- | --- |
| Gender | Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here …………………………………… |
| Are you married or in a civil partnership?  | Yes 🗆 No 🗆 Prefer not to say 🗆 |
| Age  | 16-24 🗆 25-29 🗆 30-34 🗆 35-39 🗆 40-44 🗆 45-49 🗆 50-54 🗆 55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆 |
| What is your ethnicity?Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box | *White*English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆Any other white background, please write in: *Mixed/multiple ethnic groups*White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in: *Asian/Asian British*Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆Any other Asian background, please write in:  *Black/ African/ Caribbean/ Black British*African 🗆 Caribbean 🗆 Prefer not to say 🗆 Any other Black/African/Caribbean background, please write in: *Other ethnic group*Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:  |
| Do you consider yourself to have a disability or health condition?  | Yes 🗆 No 🗆 Prefer not to say 🗆 |
| What is the effect or impact of your disability or health condition on your ability to give your best at work?  |  |

**The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the manager running the recruitment process.**

|  |  |
| --- | --- |
| What is your sexual orientation? | Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆Prefer not to say 🗆 If you prefer to use your own term, please specify here ……………………………………………….…. |
| 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 write in: ……………………………………………….…. |
| What is your current working pattern? | Full-time 🗆 Part-time 🗆 unemployed 🗆 Student 🗆 retired 🗆Prefer not to say 🗆 |
| Do you have caring responsibilities? If yes, please tick all that apply | 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 🗆 |