Please help us to monitor the equality of opportunity at Forgan Arts Centre by answering the following questions. Your answers are confidential and anonymous and will not be used in connection with your application, expression of interest, or communication with us. The completion of this form is voluntary, you do not have to complete if you don’t want to. If you are not comfortable answering a question, please select the ‘prefer not to answer’ option. Where appropriate, please select multiple boxes which apply.

Please place an ‘X’ in boxes where you’d like to select an answer.

1. Where did you see this opportunity advertised?

|  |
| --- |
|  |

1. What age bracket do you fall into?

|  |  |
| --- | --- |
| 16-24 |  |
| 25-44 |  |
| 45-65 |  |
| 65+ |  |
| Prefer not to say |  |

1. What is your ethnic origin?

|  |  |
| --- | --- |
| Arab/Arab Scottish/Arab British |  |
| African/African Scottish/African British |  |
| Asian/Asian Scottish/Asian British |  |
| Black/Black Scottish/Black British |  |
| Caribbean/Caribbean Scottish/Caribbean British |  |
| Chinese/Chinese Scottish/Chinese British |  |
| Gypsy/Traveller |  |
| Mixed or Multiple Ethnic Groups |  |
| White |  |
| Other, please indicate: |  |
| Prefer not to say |  |

1. What is your gender identity?

|  |  |
| --- | --- |
| Agender |  |
| Woman |  |
| Man |  |
| Non-binary |  |
| Other, please indicate: |  |
| Prefer not to say |  |

1. What is your sexual orientation?

|  |  |
| --- | --- |
| Asexual |  |
| Bi/pansexual |  |
| Gay |  |
| Lesbian |  |
| Heterosexual |  |
| Other, please indicate: |  |
| Prefer not to say |  |

1. Do you consider yourself to be disabled under the Equality Act 2012?

A disabled person is defined under the Equality Act 2012 as someone with a physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Do not know |  |
| Prefer not to say |  |

1. Are you married or in a civil partnership?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. Do you have caring responsibilities?

|  |  |
| --- | --- |
| No |  |
| Primary carer of a child (under 18) |  |
| Primary carer of a disabled child (under 18) |  |
| Primary carer of a disabled adult |  |
| Primary carer of an older person |  |
| Secondary carer |  |
| Prefer not to say |  |

1. What is your postcode?

|  |
| --- |
|  |

**Thank you for completing this form.**