  
**Bristol Beacon –Equal Opportunities Monitoring Form**

Bristol Beacon have a strong commitment to Equal Opportunities. This includes not discriminating under the Equality Act 2010. We ask for the diversity data in our Equal Opportunities Monitoring Form to ensure that we are meeting our diversity commitments and creating inclusive opportunities and because as recipients of Arts Council funding, we need to provide diversity monitoring information as part of our reporting processes.

This information will be kept confidential and used only for monitoring and reporting purposes. **Please note that none of the questions on this form are compulsory, you do not have to give any information that you are not comfortable with providing.** Please tick the relevant box and provide any relevant information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age:** |  | | | | | | |
| **Gender:** | | | | | | | |
| Female | |  | Male | |  | Prefer not to say |  |
| Transgender Female | |  | Transgender Male | |  | Non-binary |  |
| Other gender identity (please specify) | | | |  | | | |

#### Disability: The Equality Act 2010 defines disability as: “A physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal day to day activities”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability? | Yes |  | No |  |

Please indicate, by ticking the appropriate box, which category applies, please tick all that apply:

|  |  |  |
| --- | --- | --- |
| **A** |  | Hearing impairment |
| **B** |  | Visual impairment |
| **C** |  | Speech impairment |
| **D** |  | Mobility impairment |
| **E** |  | Physical impairment |
| **F** |  | Learning difficulties (e.g. dyslexic) |
| **G** |  | Mental ill health |
| **H** |  | Progressive condition |
| **I** |  | Prefer not to say |
| **J** |  | Other (please specify below) |
|  | | |

**Ethnic origin:** How would you describe your ethnic origin? (If you do not identify with any of the categories listed, please use one of the “other” categories.) Please tick one box.

|  |  |  |
| --- | --- | --- |
| White | British/English/Scottish/Welsh |  |
| Irish |  |
| Gypsy or Irish or Romany Traveller |  |
| Other white |  |
| Mixed or multiple ethnic groups | White and black Caribbean |  |
| White and black African |  |
| White and Asian |  |
| Other mixed |  |
| Asian or Asian British | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Other Asian |  |
| Black or Black British | Caribbean |  |
| African |  |
| Black Somali |  |
| Any other Black/African/Caribbean |  |
| Other | Arab |  |
| Other ethnic group |  |
| Not known |  |
| Prefer not to state |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Religion/belief:** | |  | **Sexual orientation:** | |
| How would you describe your religion/belief? | | How would you describe your sexual orientation? | |
| Christian |  | Heterosexual |  |
| Buddhist |  | Gay/lesbian |  |
| Hindu |  | Bisexual |  |
| Jewish |  | Other |  |
| Muslim |  | Prefer not to state |  |
| Sikh |  |  | |
| Other |  |
| None |  |
| Prefer not to state |  |

|  |  |  |
| --- | --- | --- |
| **I do not wish to provide any of the information on this form** (please indicate if this is the case): | |  |
| **Date:** |  | |