**Equal opportunities form 2021-22**

Office Use: Ref Number

We want to ensure that all applicants/participants are treated equally regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

To do this we need to know background information of people who apply to work with us or dance with us as a participant and would be grateful if you could complete the following questionnaire.

Your answers will be treated **confidentially** and will only be used to help us monitor the operation of the Equal Opportunities Policy.

1. **Your age when completing the form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Gender:**

Male

Female

Non-binary

Prefer not to say

1. **Marital Status**

 Single

 Civil Partnership

 Divorced

 Married

 Common Law

 Widowed

 Prefer not to say

 Other (please specify if you wish) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sexual Orientation**

 Heterosexual

 Gay Woman/ Lesbian

 Gay Man

 Bisexual

 Prefer not to say

 Other (please specify if you wish) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Ethnicity (Please tick):**

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

White Any other White background

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or Multiple ethnic background

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

African

Caribbean

Any other Black, African or Caribbean background

Arab

Any other ethnic group (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Religion**

 Atheist

 Buddhist

 Catholic

 Christian

 Hindu

 Jewish

 Muslim

 Sikh

 Spiritualist

 No religion

 Prefer not to say

 Other (please specify if you wish) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you consider yourself to have a disability? (Please tick):**

Yes

No

Long Term Impairment

Prefer not to say

 Other (please specify if you wish) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Caring Responsibilities**

 Primary carer of a child/children under 18

 Primary carer of a disabled child/children

 Primary carer of a disabled adult (18 and over)

 Primary carer of an older person

 Secondary carer (another person carries the main caring role)

 No caring responsibilities

 Prefer not to say