

EQUAL OPPORTUNITIES MONITORING FORM

Sherman Theatre is committed to promoting equality and eliminating unlawful discrimination. This monitoring form is intended to help us maintain equal opportunities under the Equality Act 2010, and identify barriers to workforce equality and diversity.

All questions are optional. You are not obliged to answer any of these questions, but the more information supplied, the more effective our monitoring will be.

The Equal Opportunities Monitoring Form is for statistical purposes only, and will neither be placed on your personal file, nor play any part in the recruitment process.

AGE

Prefer not to say

- 16 - 19 20 - 25 26 - 29 30 - 39 40 - 49 50 - 59 60+

ETHNICITY

Prefer not to say

Asian

- Bangladeshi Japanese Any other, please state:
 Chinese Pakistani
 Indian

Black

- Black African Black Caribbean Any other, please state:
 Black British

Mixed/ Multiple Ethnic Groups

- White & Asian White & Black Caribbean Any other, please state:
 White & Black African

White

- British Irish Welsh
 English Northern Irish Any other, please state:
 Gypsy/Irish Traveller Scottish

Other Ethnic Groups

- Arab Any other, please state:

SEXUAL ORIENTATION

Prefer not to say

- Asexual Lesbian Any other, please state:
 Bisexual Pansexual
 Gay Straight/Heterosexual

GENDER IDENTITY

Prefer not to say

- Female Gender non-conforming Preferred own term:
 Male Non-binary

Do you identify with the gender you were assigned at birth?

Prefer not to say

- Yes No
-

PRONOUNS Prefer not to say**Please state your personal pronouns**

Examples include: he/him/his, she/her/hers, they/them/theirs

 No pronouns

RELIGION OR BELIEF Prefer not to say Buddhism Islam Any other, please state: Christianity Judaism Hinduism Sikhism No Religion or Belief

SOCIO-ECONOMIC BACKGROUND**What type of school best describes the school you mainly attended between ages 11-18?** Prefer not to say Independent/fee paying Not sure Any other, please state: State-funded

Were you eligible for Free School Meals at any point in your school career? Prefer not to say Yes No N/A

Did your parent(s) or guardian(s) complete a university degree course, equivalent, or higher? Prefer not to say Yes No Don't know

DISABILITIES**Are your day-to-day activities affected by a health problem or disability which has lasted, or is expected to last, at least 12 months?** Prefer not to say Yes, a little Yes, a lot No**If yes, and you are happy to, please feel free to use the space below to describe your health problem/disability and any additional requirements you have to help us build awareness:** Prefer not to say

NEURODIVERSITY**Do you consider yourself to be neurodivergent?** Prefer not to say Yes No**If yes, and you are happy to, please feel free to use the space below to describe your neurodiversity and any additional requirements you have to help us build awareness:** Prefer not to say

WELSH LANGUAGE**Do you speak Welsh?** Prefer not to say Yes Learner No
