**Equal Opportunities Monitoring Form**

This information will be used to monitor implementation of Lewisham Youth Theatre’s Equal Opportunities Policies. We will separate this part of the form from your application form. It will not form part of the selection process.

We would be grateful if you could complete the following questions. Please leave blank any question you prefer not to answer.

**POST APPLIED FOR:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**

**ETHNIC GROUP**

**WHITE ASIAN EAST ASIAN**

British British British

Irish Indian Chinese

Eastern European Pakistani Vietnamese

Greek Cypriot Bangladeshi

Turkish Cypriot

 **MIXED**

**BLACK** White/Black Caribbean

British White/Black African

African White/Asian

Caribbean

**Any other way of describing your ethnic identity:**

**PLEASE INDICATE YOUR EMPLOYMENT STATUS**

Full-Time Part-Time Seeking Work Self Employed Student

Carer Homemaker Retired Government Training Scheme

Incapacity Benefit Other:

**PLEASE INDICATE YOUR GENDER:** Female Male Non-Binary

**Does your gender correspond to the gender assigned at birth?**

**PLEASE INDICATE YOUR AGE GROUP:** 16-25 26-35 36-50 51-65 65+

**DISABILITY:** Do you consider yourself to have a disability? YES / NO

If yes, please give details:

**SEXUALITY:** Heterosexual Gay Lesbian Bisexual Queer

**RELIGION:** Please indicate your religious affiliation (if any):

**HOW DID YOU FIND OUT ABOUT THIS POST?**

Thank you for completing this form.