­**Equality Monitoring Form**

Paraorchestra works hard to ensure that people are not discriminated against. The information you give us, helps us to provide fair and equal opportunities to service your needs. It also helps us to deliver the service that reflects our community. We have a legal duty to ensure that our services are fully inclusive and accessible to everyone. To make that possible we have to be aware of your different requirements.

Under the Equality Act 2010 people are protected from unlawful discrimination if they have the following protected characteristics; age, marriage and civil partnerships, race, religion and belief, sex, gender reassignment, sexual orientation, disability, pregnancy and maternity.

The information you give us will help us to make adjustments based on fact, rather than assumption, and importantly this ensures that money is being spent on the correct things.

It is sensible to feel protective or cautious about disclosing any personal information, but feel assured that this information will be used for monitoring purposes only and not for any other purpose. It is completely confidential and any data we hold will be stored separately from any data that could identify you personally.

We ask for details about sexual orientation, ethnicity, disability and age as this is in line with best practice guidance, published by the charity Stonewall, and requested by funders such as Arts Council England who use it to enable a more accurate cross-referencing of the workforce across their funded organisations. We ask for this information because we want to better show the diversity, both visible and invisible in our workforce.

You should tick the box Prefer Not To Say if you do not wish to give us this information.

|  |  |
| --- | --- |
| Please indicate your answers with a | **X** |

Age

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0-19 years |  | 35-49 years |  | 65+ years |  |
| 20-34 years |  | 50-64 years |  | Prefer not to say |  |

Gender

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female to Male transgender |  | Prefer not to say |  |
| Female |  | Male to Female Transgender |  |

Ethnicity

|  |  |  |  |
| --- | --- | --- | --- |
| White |  | Dual or Multi Heritage |  |
| Asian or British Asian |  | Any other ethnic group |  |
| Black or British Black |  | Chinese |  |
| Not known/prefer not to say |  |

Religion or belief

|  |  |  |  |
| --- | --- | --- | --- |
| None |  | Buddhism |  |
| Christianity |  | Sikhism |  |
| Islam |  | Other |  |
| Judaism |  | Prefer not to say |  |

Relationship Status

|  |  |  |  |
| --- | --- | --- | --- |
| Married or Civil Partnership/ Separated |  | Single/ widowed/divorced |  |
| Live with partner/ Other |  | Prefer not to say |  |

Sexual orientation

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual |  | Gay man |  |
| Bisexual |  | Gay woman/ lesbian |  |
| Other |  | Prefer not to say |  |

Pregnancy and Maternity (The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period.)

|  |  |
| --- | --- |
| Are you pregnant at this time? |  |
| Have you recently given birth (within 26 week period) |  |
| Prefer not to say |  |

Do you consider yourself to have a disability? (The Equality Act 2010 state a person has a disability if they have a physical or mental impairment which has a long term (12 month period) or substantial adverse effects on their ability to carry out day to day activities.)

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

Please state in the boxes below:

|  |  |  |
| --- | --- | --- |
| Physical impairment |  |  |
| Sensory impairment |  |  |
| Learning disability or difficulty |  |  |
| Mental health condition |  |  |
| Long term illness |  |  |
| Other |  |  |
| Prefer not to say |  |  |

How would you travel to us? Please select method used most.

|  |  |  |  |
| --- | --- | --- | --- |
| Drive |  | Public transport (train/bus) |  |
| Cycle |  | Walk |  |
| Other |  | Prefer not to say |  |

To help us measure whether people from all parts of our community are receiving equal treatment, please tell us your postcode:

|  |
| --- |
|  |

Date form completed:

|  |
| --- |
|  |

*Thank you for completing this form. You have contributed in helping us to provide a better environment for you and the community, to live and work in and for visitors to enjoy.*