 **Equality and Opportunity Monitoring Form**Here at the Tyneside Cinema we want to ensure that we receive applications from as wide a cross section of the community as possible.

The purpose of this section is to help us monitor how well we are doing in attracting candidates from as wide a range of backgrounds as possible and to help ensure that we comply with current and future UK and European legislation on discrimination on the grounds of gender, ethnicity, nationality, age and sexual orientation.

Not completing any particular questions will not affect you being considered for the relevant post. This form will not be seen by those undertaking the selection for the post and all information will be treated in the strictest confidence.

Non-specific information will be used for statistical analysis.

**1. Ethnicity Monitoring**

|  |
| --- |
| **Asian or Asian British** |
| Bangladeshi |[ ]
| Indian |[ ]
| Pakistani |[ ]
| Chinese |[ ]
| Any other Asian Background (please state) |  |
| **Black or Black British** |
| African |[ ]
| Caribbean |[ ]
| Any other Black Background (please state) |  |
| **Mixed Heritage** |
| White and Asian |[ ]
| White and Black African |[ ]
| White and Black Caribbean |[ ]
| Any other Mixed Heritage Background (please state) |  |

 Which of the following would you describe yourself as?

|  |
| --- |
| **White**  |
| British |[ ]
| English |[ ]
| Irish |[ ]
| Scottish  |[ ]
| Welsh |[ ]
| Any other White Background (please state) |  |

**Ethnicity Monitoring** (continued)

|  |
| --- |
| **Prefer not to say** |
|  |[ ]

 **2. Disability Monitoring**

Do you consider yourself to have a disability or a long term health condition?

|  |  |
| --- | --- |
| **Yes** | **No** |
|[ ] [ ]

What is the effect or impact of your disability or health condition?

|  |
| --- |
| **Describe** |
|        |
| **Prefer not to say** |
|  |[ ]

 **2. Gender Monitoring**Which of the following would you describe yourself as?

|  |  |  |  |
| --- | --- | --- | --- |
| **Male**  | **Female** | **Trans**  | **Prefer not to say** |
|[ ] [ ] [ ] [ ]
| **Other (Please state)** |  |

**3. Sexual Orientation Monitoring**Which of the following would you describe yourself as?

|  |  |  |  |
| --- | --- | --- | --- |
| **Heterosexual** | **Homosexual** | **Bisexual** | **Prefer not to say** |
|[ ] [ ] [ ] [ ]
| **Other (Please state)** |  |

 **4. Religion and Belief Monitoring**

Which of the following would you describe yourself as?

|  |  |  |  |
| --- | --- | --- | --- |
| **Buddhist** | **Christian** | **Christian**  | **Hindu** |
|[ ] [ ] [ ] [ ]
| **Jewish** | **Muslim** | **Sikh** | **Prefer not to say** |
|[ ] [ ] [ ] [ ]
| **Other (Please state)** |  |

Thank you for completing this form. If you have any comments on how we can improve it we would be happy to receive them.