Equal Opportunities Monitoring Form

Collective is committed to ensuring that diversity is represented within our team, programme and audience and that we are proactive about access and inclusion to ensure that we are an organisation which promotes safety and belonging.

Our aim is to ensure that all applicants are given equal opportunity and that our organisation is representative of all sections of society.

Filling out the form

Please help us to monitor the equality of opportunity at Collective by answering the following questions.

Your answers are confidential and anonymous and will not be used in connection with your application. The completion of this form is voluntary. If you are not comfortable answering any of the questions, please select the ‘prefer not to answer’ option. Where appropriate, please select multiple boxes which apply.

Double clicking the boxes will allow you to change them to ‘checked’ or to enter information. If you are using an application that does not support this feature please delete the relevant box and replace it with a capital X.

Please let us know if you require this form in a different format.

1. Where did you see this post advertised?

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Click or tap here to enter text.

2. Which age bracket do you fall into?

16 – 24

25 – 44

45 – 65

65+

Prefer not to say

3. What is your ethnic origin?

African / African Scottish / African British

Arab / Arab Scottish / Arab British

Asian / Asian Scottish / Asian British

Black / Black Scottish / Black British

Caribbean / Caribbean Scottish / Caribbean British

Chinese / Chinese Scottish / Chinese British

Gypsy / Traveller

Irish

Mixed or Multiple Ethnic Groups, please tick and specify in ‘other’ box.

Polish

White Scottish / White British

Prefer not to say

Other: Click or tap here to enter text.

4. What is your gender identity?

Agender

Woman

Man

Non-binary

Prefer not to say

If you describe your gender with another term, please provide this here:

Click or tap here to enter text.

5. Do you identify as Transgender?

Yes

No

Prefer not to say

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6. What is your sexual/romantic orientation?

Asexual

Bisexual

Gay / Lesbian

Heterosexual / Straight

Pansexual

Queer

Prefer not to say

If you prefer to use another term, please provide this here:

Click or tap here to enter text.

7. Do you consider yourself to be disabled under the Equality Act 2010?

A disabled person is defined under the Equality Act 2010 as someone with a ‘physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.’

☐ Yes

☐ No

☐ Do not know

☐ Prefer not to say

8. If YES, please select all that apply, should you wish to answer:

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Hearing impairment

Visual impairment

Speech impairment

Mobility impairment

Physical disabilities

Cognitive or learning difficulties

Mental health condition

Other long term/chronic condition

Other: Click or tap here to enter text.

Prefer not to say

9. Are you married or in a civil partnership?

Yes

No

Prefer not to say

10. Do you have any caring responsibilities?

No

Primary carer of a child/ children (under 18)

Primary carer of a disabled child/ children

Primary carer of a disabled adult

Primary carer of an older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

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