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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