

## Equal Opportunities Monitoring Form

English Touring Opera is committed to Equal Opportunities. Any information provided is entirely confidential, kept separate from any contractual documentation and will not form part of any selection process. This questionnaire is not obligatory but by completing it you will help us monitor the effectiveness of our Equality and Diversity action plan. This information will be kept in an identifiable format for reporting in accordance with our statutory and funding obligations but all reporting will be anonymised.

**Singer/ Instrumentalist** ☐ **Production (Tech and Stage Management)** ☐

**Creative (Directors, Conductors and Designers) ☐ Office (Marketing, Development, Finance) ☐**

Board ☐

## Personal Details

Date of Birth \_\_\_\_\_

**Gender**      **MALE** ☐      **FEMALE** ☐      **NON BINARY** ☐      **PREFER NOT TO SAY** ☐

**Age Group – Please tick the appropriate box**

☐ 0-19    ☐ 20-34    ☐ 35-49    ☐ 50-64    ☐ 65+    ☐ PREFER NOT TO SAY

## Cultural Diversity

Please tick the ethnic category that best represents you. As you make your decision, please think about what ethnic group means to you, that is, how you see yourself. Your ethnic category is a mixture of culture, religion, skin colour, language and the origins of yourself and your family. It is not the same as nationality.

## White

☐ British  
☐ Irish  
☐ Gypsy or Irish Traveller  
☐ Any other white background, please state \_\_\_\_\_

☐ Any other write back  
**Asian or Asian British**

☐ Bangladeshi ☐ Indian  
☐ Pakistani ☐ Chinese  
☐ Any other Asian background, please state \_\_\_\_\_

☐ Black or Black British

☐ Black African  
☐ Black Caribbean  
☐ Any other black background, please state \_\_\_\_\_

☐ Party  
**Mixed**

☐ Asian & White
 ☐ Black African & White  
☐ Black Caribbean & White  
☐ Any other mixed background, please state

☐ Any other background, please state \_\_\_\_\_

PREFER NOT TO SAY ☐

## Disability

**Do you consider yourself to have a disability?**

YES ☐ NO ☐ PREFER NOT TO SAY ☐

**Do you have dependants? Dependants might include children, the elderly, or other people who rely on you for care.**

YES ☐ NO ☐ PREFER NOT TO SAY ☐

## Sexual Orientation

**Bisexual** ☐ **Gay Man** ☐ **Lesbian/ Gay women** ☐ **Heterosexual/Straight** ☐

PREFER NOT TO SAY ☐