ITALIA CONTI ACADEMY OF THEATRE ARTS

EQUAL OPPORTUNITIES MONITORING FORM

We are committed to a policy of equal opportunities for all, this includes not discriminating under the Equality Act 2010 and to encourage equality and diversity in the workforce. In order to monitor the operation of this policy, we ask for your co-operation in completing this form. Filling in this form is voluntary.

Your information will be handled confidentially and not be shared with anyone directly involved in the selection process. All information will be kept and processed in line with the General Data Protection Regulation and Data Protection Act 2018.

**POSITION DETAILS**

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| **Which position are you applying for?** |
| Job title:  |

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| **How did you first learn about this vacancy?** |
|   |

**PERSONAL DETAILS**

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| **Name** |
|   |

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| **Age** |
| [ ]  16-24 | [ ]  25-29 | [ ]  30-34 | [ ]  35-39 | [ ]  40-44 | [ ]  45-49 |
| [ ]  50-54 | [ ]  55-59 | [ ]  60-64 | [ ]  65+ | [ ]  Prefer not to say |

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| **Gender: Which of the following best describes your gender?** |
| [ ]  Female | [ ]  In another way. Please state:  |
| [ ]  Male | [ ]  Prefer not to say |

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| **Does your current gender reflect the gender you were assigned at birth?** |
| [ ]  Yes | [ ]  Prefer not to say |
| [ ]  No |  |

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| **Do you consider yourself to be a trans person?** |
| [ ]  Yes | [ ]  Prefer not to say |
| [ ]  No |  |

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| **If you identify as trans, are you comfortable being open about your trans status? (Tick as many answers as apply)**  |
| [ ]  At home? | [ ]  With colleagues? |
| [ ]  With your manager? | [ ]  With students? |
| [ ]  At work generally? |  |

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| **Marriage and Civil Partnership** |
| [ ]  Civil Partnership | [ ] Single |
| [ ]  Divorced | [ ]  Partner |
| [ ]  Married | [ ]  Widowed |
| [ ]  Separated | [ ]  Prefer not to say |

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| **Religion or Belief** |
| [ ]  Buddhist  | [ ] Sikh |
| [ ]  Christian | [ ]  Spiritual |
| [ ]  Hindu  | [ ]  Any other religion or belief |
| [ ]  Jewish | [ ]  No religion |
| [ ]  Muslim | [ ]  Prefer not to say |

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| **Sexual Orientation**  |
| [ ]  Bi / Bisexual | [ ]  Heterosexual / Straight |
| [ ]  Gay Man | [ ]  If you prefer to use another term, please provide it here:  |
| [ ]  Gay Woman / Lesbian | [ ]  Prefer not to say |

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| **If you identify as lesbian, gay, bi or as another self-defined sexual orientation other than straight, are you comfortable being open about your sexual orientation? (Tick as many answers as apply)**  |
| [ ]  At home? | [ ]  With colleagues? |
| [ ]  With your manager? | [ ]  With students? |
| [ ]  At work generally? |  |

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| **Nationality**  |
| Please state:  | [ ]  Prefer not to say |

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| **Ethnicity** |
| [ ]  Arab  | [ ]  Gypsy or Traveller  |
| [ ]  Asian or Asian British – Bangladeshi  | [ ]  Mixed – White and Asian  |
| [ ]  Asian or Asian British – Indian  | [ ]  Mixed – White and Black African  |
| [ ]  Asian or Asian British – Pakistani | [ ]  Mixed – White and Black Caribbean  |
| [ ]  Other Asian background  | [ ]  Other mixed background  |
| [ ]  Black or Black British – African | [ ]  Other ethnic background  |
| [ ]  Black or Black British – Caribbean  | [ ]  White  |
| [ ]  Other Black background  | [ ]  Not known |
| [ ]  Chinese | [ ]  Prefer not to say |

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| **Disability: Do you consider yourself to have a disability?** |
| [ ]  **Yes** - please tick the option(s) below that best describes your disability: |
| [ ]  Two or more impairments and/or disabling medical conditions  |
| [ ]  General learning disability (such as Down’s syndrome) |
| [ ]  Longstanding illness or health condition (such as cancer, diabetes, HIV, chronic heart disease, or epilepsy) |
| [ ]  Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) |
| [ ]  Social/communication impairment (such as Asperger's syndrome/other autistic spectrum disorder) |
| [ ]  Mental health condition (such as depression, schizophrenia or anxiety disorder) |
| [ ]  Blind or serious visual impairment uncorrected by glasses  |
| [ ]  Deaf or serious hearing impairment  |
| [ ]  Disability, impairment or medical condition that is not listed above, please specify:  |
| [ ]  I prefer not to specify  |
| [ ]  **No** |
| [ ]  **Prefer not to say** |

Thank you for providing this information.

Please submit your completed form, together with the Italia Conti application form, to: *recruitment@italiaconti.co.uk.*

*This Equal Opportunities Form follows the data specification provided by the Higher Education Statistical Agency (https://www.hesa.ac.uk/) and has been further informed using guidance from Stonewall (Getting Equalities Monitoring Right, June 2017).*