

EQUAL OPPORTUNITIES MONITORING FORM

Hastings Contemporary wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The data collected here is used for Equal Opportunities Monitoring only and will be kept separately from your application. It will assist Hastings Contemporary in supporting and encouraging under-represented groups and promote diversity. In compliance with UK GDPR, personal data collected here will be held securely and confidentially.

Date of birth:	
Gender:	
Country of birth:	
Nationality:	
Postcode of where you live now:	
Where did you see the post advertised?	

Gender

- Man
- Woman
- Intersex
- Non-binary
- Prefer not to say

If you prefer to use your own term, please specify here:

Are you married or in a civil partnership?

- Yes
- No
- Prefer not to say

Age

- | | | |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 55-59 | |

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

White

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> British |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Prefer not to say |

Any other white background, please write in:

Mixed / multiple ethnic groups

- | | |
|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Prefer not to say |

Any other mixed background, please write in:

Asian / Asian British

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Bangladeshi | |

Any other Asian background, please write in:

Black / African / Caribbean / Black British

- African
- Caribbean
- Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

- Arab
- Prefer not to say

Any other ethnic group, please write in:

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

- Yes
- No
- Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work?
Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment' then please discuss this with the manager running the recruitment process.

What is your sexual orientation?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Lesbian | |

If you prefer to use your own term, please specify here:

What is your religion or belief?

- | | |
|--|--|
| <input type="checkbox"/> No religion or belief | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say |

If other religion or belief, please write in:

What is your current working pattern?

- Full-time
- Part-time
- Prefer not to say

What is your flexible working arrangement?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Job-share |
| <input type="checkbox"/> Flexi-time | <input type="checkbox"/> Flexible shifts |
| <input type="checkbox"/> Staggered hours | <input type="checkbox"/> Compressed hours |
| <input type="checkbox"/> Term-time hours | <input type="checkbox"/> Homeworking |
| <input type="checkbox"/> Annualised hours | <input type="checkbox"/> Prefer not to say |

If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply.

- None
- Primary carer of a child/children (under 18)
- Primary carer of disabled child/children
- Primary carer of disabled adult (18 and over)
- Primary carer of older person
- Secondary carer (another person carries out the main caring role)
- Prefer not to say