

**Equal Opportunities Monitoring Form**  
Moving Art Management consciously and actively works to achieve diversity and welcomes applications from all sections of the community. We are committed to encouraging equality and diversity in all aspects of our work. This information will help us to ensure selection processes are carried out fairly and effectively and will also help us to identify any barriers.  
This form will be separated from your application and will not be seen by those responsible for short-listing and will not therefore, be part of the selection process. The information you provide will be kept fully confidential and is for monitoring purposes only.

|  |  |
| --- | --- |
| Title | Mr / Mrs / Miss / Ms / Dr / Other |
| Surname: |  |
| First name: |  |
| Age: | 16-24  25-34  35-44  45-54  55-64  65+ |
| Gender: | Male  Female  Prefer not to say |
| Gender Identity (if appropriate) | If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with?  Transsexual  Transgender  Intersex |

***Personal Details***

### **Ethnic Origin** Please tick against one of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian background  Please specify below if you wish.......  ........................................................... |  | **Mixed**  Black and White Caribbean  Black and White African  Asian and White  Any other mixed background  Please specify below if you wish.......  ........................................................... |  |
| **Black or Black British**  African  Caribbean  Any other Black background  Please specify below if you wish.......  ........................................................... |  | **White**  British  English  Irish  Scottish  Welsh  Any other White background  Please specify below if you wish.......  ........................................................... |  |
| **Chinese or Other ethnic group**  Chinese  Any other  Please specify below if you wish.......  ........................................................... |  | Prefer not to say |  |

### **Disability** Please tick against one of the following:

Do you consider yourself to have a disability under the Equality Act 2010?

In the Act, a person has a disability if:

* they have a physical or mental impairment
* the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings

* 'substantial' means more than minor or trivial
* 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
* 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

Yes  No  Prefer not to say

Please describe the nature of your disability

|  |  |  |  |
| --- | --- | --- | --- |
| No religion  Baha’i  Buddhist  Christian  Hindu  Jain |  | Jewish  Muslim  Sikh  Other  Please specify below if you wish…………………………..………………………………  Prefer not to say |  |

***Religion or belief****Please tick against one of the following:*

### **Sexual Orientation** Please tick against one of the following

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual  Gay Woman/Lesbian  Prefer not to say |  | Gay Man/Homosexual  Heterosexual/straight |  |

**Thank you for completing this form**

Please return this form alongside your application to [movingartmanagement@gmail.com](mailto:movingartmanagement@gmail.com).