**Equal Monitoring Form (optional)**

As part of our joint commitment to inclusivity and equity, we are collecting anonymous data from applicants. This helps us understand who we are reaching and where we can improve access and representation. We also report anonymised data to our funders, including Arts Council England.

This form is optional and anonymous. Your responses will be kept strictly confidential and used only for monitoring purposes. Thank you for taking the time to support this work.

If you’re happy to, please upload this form on the application page.

Name:

**AGE**

What is your age?

□ 0-19 □ 20-34       □ 35-49       □ 50-64       □ 65+      □ Prefer not to say

**GENDER IDENTITY**

What do you consider your gender to be?

□ Female    □ Male     □ Non-binary     □ Prefer not to say

□ Tick if your gender identity is different to the sex you were assumed to be at birth

**SEXUAL ORIENTATION**

What is your sexual orientation?

□ Bisexual   □ Gay Man  □ Gay Woman /Lesbian  □ Heterosexual/Straight □ Prefer not to say

**ETHNIC GROUP**

What do you consider your ethnic group to be? (Mark one that best represents you)

□ Irish                                 □ English/Welsh/Scottish/Northern Irish/British

□ Gypsy or Irish Traveller             □ Any Other White background

□ White and Black Caribbean           □ White and Black African

□ White and Asian                           □ Any Other Mixed background/Multiple ethnic

□ Caribbean                                    □ African

□ Any Other Black background         □ Indian

□ Pakistani                                      □ Bangladeshi

□ Chinese                                       □ Any Other Asian background

□ Arab                                            □ Any other ethnic group

□ Prefer not to say

**DISABILITY**

Do you consider yourself to have a disability? (Mark one that best represents you)

□ Non-disabled                                  □ Visual impairment

□ Hearing impairment/Deaf                □ Physical disabilities

□ Mental health condition              □ Cognitive or learning disabilities

□ Other long term/chronic conditions  □ Prefer not to say