

## Equal Opportunities Monitoring Form

House of Illustration is an Equal Opportunities employer. We require all candidates to complete and return a monitoring form when applying for jobs, placements and voluntary positions so that we can collect and analyse data on the people reached through our recruitment processes.

**Information is anonymous and will only be used to identify inequalities to enable us to take action to tackle them. It will have no bearing on the success or otherwise of your application. Completed forms are separated from application forms on receipt.**

In addition to the nine “protected characteristics” (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership, Sex [formerly Gender], Race, Religion or Belief and Sexual Orientation) identified in the Equality Act 2010, we have added categories of Refugees and Asylum Seekers and Language in order to better reflect the full diversity of the UK.

We would be grateful if you could take a little time to complete and return this form. Please go through it and tick all the categories that most accurately describe you.

**The anonymous information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.**

<b>1. Age</b> <i>Please tick one box</i>			
<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-20	<input type="checkbox"/> 21-24	<input type="checkbox"/> 25-29
<input type="checkbox"/> 30-44	<input type="checkbox"/> 45-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65-74
<input type="checkbox"/> 75-84	<input type="checkbox"/> 85-89	<input type="checkbox"/> 90 and over	
<b>2. Disability</b>			
Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out day-to-day activities.			
<b>Do you have any of the following conditions which have lasted or expected to last for at least 12 months?</b>			
<input type="checkbox"/> Deafness of partial loss of hearing	<input type="checkbox"/> Blindness or partial loss of sight	<input type="checkbox"/> Learning disability	
<input type="checkbox"/> Developmental disorder	<input type="checkbox"/> Mental ill health	<input type="checkbox"/> Long term illness or condition	

<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other disabilities	
<b>3. Ethnicity</b> <i>Please tick the box that best describes your ethnic group</i>		
<b>White</b>		<b>Black or Black British</b>
<input type="checkbox"/> British <input type="checkbox"/> Irish		<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other (please specify):
<b>White Other</b>		<b>Asian or Asian British</b>
<input type="checkbox"/> Greek/ Greek Cypriot <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish/Cypriot <input type="checkbox"/> Kurdish <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other (please specify below):		<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> East African Asian <input type="checkbox"/> Other (please specify below):
<b>Mixed</b>		<b>Chinese or Other Ethnic Group</b>
<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background (please specify):
<b>4. Sex</b> <i>Please tick the box that best describes you</i>		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<b>5. Gender reassignment</b>		
<b>Does your gender differ from your birth sex?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
<b>6. Religion</b> <i>Please tick as appropriate</i>		
<input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/> Buddhist	<input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Rastafarian <input type="checkbox"/> Atheist/No Religion	<input type="checkbox"/> Other (please specify):  <input type="checkbox"/> Prefer not to say

<b>7. Sexual orientation</b> <i>Please tick the box that best describes your sexual orientation</i>			
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say		
<b>8. Pregnancy and maternity</b> <i>Please tick one box</i>			
<b>Are you pregnant?</b>		<b>Have you had a baby in the last 12 months?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9. Marriage and Civil Partnership</b> <i>Please tick one box</i>			
<input type="checkbox"/> <i>Single</i>	<input type="checkbox"/> <i>Married</i>	<input type="checkbox"/> <i>Co-habiting</i>	<input type="checkbox"/> <i>In a civil partnership</i>
<input type="checkbox"/> <i>Separated</i>	<input type="checkbox"/> <i>Divorced</i>	<input type="checkbox"/> <i>Widowed</i>	
<b>10. Refugees and Asylum Seekers</b> <i>Are you?</i>			
<input type="checkbox"/> A Refugee		<input type="checkbox"/> An Asylum Seeker	
What country or region are you a refugee/asylum seeker from?			
<b>11. Language</b> <i>What is your first language?</i>			
<input type="checkbox"/> English	<input type="checkbox"/> Other	Please state:	

**Thank you for completing and returning this form**