** EQUAL OPPORTUNITIES MONITORING FORM**

Thank you for applying for a position at Avant Garde Dance

Please complete and return this form with your application as a separate attachment. This information is confidential and will not be shared with the shortlisting panel.

|  |  |
| --- | --- |
| DETAILS OF VACANCY | |
| Post applied for |  |
| How did you hear about this vacancy? Please tick | E-newsletter 🞏 Arts Orgs website 🞏  Avant Garde Website 🞏 Producers network 🞏  Friend 🞏 BAME Network 🞏  Colleague 🞏 Dance Network 🞏  Online network 🞏 Social media 🞏  ArtsJobs 🞏  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PRIVATE AND CONFIDENTIAL**

All recruitment is based on an individual’s ability and job performance and excludes consideration of an applicant’s beliefs, political opinion, gender, race, sexuality, marital status, age, disability or a conviction or other information revealed. This is not a compulsory form however your information will give us a true picture of the effectiveness of our policy. Please complete and return this form with your application.

|  |  |
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| DETAILS OF VACANCY | |
| Post applied for |  |

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| --- | --- | --- |
| **EQUAL OPPORTUNITES MONITORING FORM** | | |
| Information included on this form is used for Equal Opportunities monitoring purposes only and is not available to those shortlisting. | | |
| Date: |  | |
|  | |  |
| Personnel Details | | |
| Gender |  | |
| Age (in years) |  | |
|  | |  |
| Cultural Diversity | | |
| Please state what you consider to be your cultural and ethnic origin | | :  Rather not say |
|  | |  |
| Disability | | |
| The term disability should be construed as including people with physical disabilities; people with learning difficulties; people with mental illness; those with sensory disabilities (such as blind or sight impaired); people with ‘hidden’ disabilities (such as epilepsy or those suffering from chest or heart conditions); and those with disabilities linked to aging | | |
| Do you consider yourself to have a disability? | | Yes 🞏 No 🞏 Rather not say 🞏  (tick as applicable) |

|  |  |
| --- | --- |
| **Sexual Orientation** | |
| Do you consider yourself to be LGBTQI | Yes 🞏 No 🞏 Rather not say 🞏  (tick as applicable) |
| If yes, please indicate how you describe yourself |  |
|  |  |
| Any other minority status? |  |