

**EQUAL OPPORTUNITIES MONITORING FORM –**

**ALAN JAMES CREATIVE BURSARY PROGRAMME APPLICATION 2023-24**

To assist with the implementation of our Equal Opportunities policy and our reporting to funders, we would be grateful if you complete and return this form. **It will be separated from your application and the information you give will be kept confidential from the selection panel and will not be taken into account in any way.** The purpose of any future processing of this data will be to monitor the effectiveness of our Equal Opportunities policy, in a manner that maintains anonymity.

1. **How did you learn of the Alan James Creative Bursary Programme ?**

Arts Jobs □ EFDSS’s website □ Word of mouth □

EFDSS’ Artists’ Development Newsletter □ PRSF/Talent Development Partners □

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What gender are you?** Female □ Male □ Non Binary/Other □
2. **How would you describe your sexual orientation?** Heterosexual □ Gay/Lesbian □ Bisexual □ Queer □
3. **What is your ethnic group?**

NB these categories are recommended by the Commission for Racial Equality.

Choose ONE from section A to E, then tick the appropriate box to indicate your background.

A WHITE: British □ Irish □ Gypsy/Traveller □

 Any other white background (please write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B MIXED: White and Black Caribbean □ White and Black African □ White and Asian□

 Any other mixed background (please write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C ASIAN, ASIAN BRITISH: Indian □ Pakistani □ Bangladeshi □

 Any other Asian background (please write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D BLACK, BLACK BRITISH: Caribbean □ African □

 Any other Black background (please write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E CHINESE or OTHER ETHNIC GROUP: Chinese □

 Any other background (please write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What age group are you in?**

0-19 □ 20-34 □ 35-49 □ 50-64 □ 65-74 □ 75+ □

1. **Do you consider yourself to be a disabled person?** Yes □ No □
2. **Do you consider yourself to be neuro-diverse?** Yes □ No □

Thank you for completing this form.