

EQUAL OPPORTUNITIES MONITORING FORM – MICRO GRANT PROGRAMME APPLICATION

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 Micro Grant Programme?

Arts Jobs EFSS's website Word of mouth

EFSS' Artists' Development Newsletter PRSF/Talent Development Partners

Other (please specify) _____

2. What gender are you? Female Male Non Binary/Other

3. How would you describe your sexual orientation? Heterosexual Gay/Lesbian Bisexual Queer

4. 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) _____

4. What age group are you in?

16-21 22-29 30-39 40-49 50-59 60+

5. Do you consider yourself to be a disabled person? Yes No

6. Do you consider yourself to be neuro-diverse? Yes No

Thank you for completing this form.