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 □
   - EFDSS’s website □
   - Word of mouth □
   - EFDSS’ 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.