

## Equal opportunities monitoring form

The East End Women's Museum is committed to ensuring that all job applicants and members of staff are treated equally, without discrimination on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

All questions are optional. All information supplied will stay confidential and be stored securely. It will not be placed on your personnel file. Thank you for your assistance.

### About the vacancy

Please state which job you have applied for \_\_\_\_\_

Where did you hear about this job (please tick all that apply)?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> EEWM e-newsletter    | <input type="checkbox"/> Guardian Jobs | <input type="checkbox"/> University of Leicester |
| <input type="checkbox"/> Twitter              | <input type="checkbox"/> Arts Jobs     | <input type="checkbox"/> Museum Jobs Desk        |
| <input type="checkbox"/> Facebook             | <input type="checkbox"/> Charity Jobs  | <input type="checkbox"/> Word of mouth           |
| <input type="checkbox"/> Other (please state) |  |  |

\_\_\_\_\_

### Gender

- |  |   |
|--|---|
| <input type="checkbox"/> Female                | <input type="checkbox"/> If you prefer to use your own term,<br>please specify here |
| <input type="checkbox"/> Male                  | _____   |
| <input type="checkbox"/> Transgender           |   |
| <input type="checkbox"/> Gender non-conforming | <input type="checkbox"/> Prefer not to say  |
| <input type="checkbox"/> Non-binary            |   |

### Age

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> 0-15 years  | <input type="checkbox"/> 35-39 years | <input type="checkbox"/> 60-64 years       |
| <input type="checkbox"/> 16-19 years | <input type="checkbox"/> 40-44 years | <input type="checkbox"/> 65+ years         |
| <input type="checkbox"/> 20-24 years | <input type="checkbox"/> 45-49 years | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 25-29 years | <input type="checkbox"/> 50-54 years |  |
| <input type="checkbox"/> 30-34 years | <input type="checkbox"/> 55-59 years |  |

## Ethnicity

Ethnicity is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

### White

- |   |   |
|---|---|
| <input type="checkbox"/> English        | <input type="checkbox"/> British  |
| <input type="checkbox"/> Welsh          | <input type="checkbox"/> Gypsy or Irish Traveller                       |
| <input type="checkbox"/> Scottish       | <input type="checkbox"/> Any other White background, please state _____ |
| <input type="checkbox"/> Northern Irish |   |
| <input type="checkbox"/> Irish          |   |

### Mixed or multiple ethnic groups

- |  |  |
|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Any other Mixed ethnic background, please state _____ |
| <input type="checkbox"/> White and Black African   |  |
| <input type="checkbox"/> White and Asian           |  |

### Asian / Asian British

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese  |
| <input type="checkbox"/> Indian      | <input type="checkbox"/> Any other Asian background, please state _____ |
| <input type="checkbox"/> Pakistani   |   |

### Black / African / Caribbean / Black British

- |  |   |
|--|---|
| <input type="checkbox"/> Black African   | <input type="checkbox"/> Any other Black background, please state _____ |
| <input type="checkbox"/> Black Caribbean |   |

### Other ethnic group

- |  |  |
|--|--|
| <input type="checkbox"/> Arab              | <input type="checkbox"/> Any other, please state _____ |
| <input type="checkbox"/> Prefer not to say |  |

## Sexual orientation

How would you describe your sexual orientation?

- |  |  |
|--|--|
| <input type="checkbox"/> Heterosexual / straight | <input type="checkbox"/> Gay woman / lesbian |
| <input type="checkbox"/> Bisexual                | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Gay man                 |  |

## Disability

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes – limited a little | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes – limited a lot    | <input type="checkbox"/> Prefer not to say |

## Religion or belief

What is your religion or belief?

- |  |  |
|--|--|
| <input type="checkbox"/> No religion or belief | <input type="checkbox"/> Muslim                          |
| <input type="checkbox"/> Buddhist              | <input type="checkbox"/> Sikh                            |
| <input type="checkbox"/> Christian             | <input type="checkbox"/> Prefer not to say               |
| <input type="checkbox"/> Hindu                 | <input type="checkbox"/> Other, please state if you wish |
| <input type="checkbox"/> Jewish                |  |
- 

## Caring responsibilities

Do you have any caring responsibilities? If yes, please tick all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> Primary carer of an older person                                  |
| <input type="checkbox"/> Primary carer of a child/children (under 18)          | <input type="checkbox"/> Secondary carer (another person carries out the main caring role) |
| <input type="checkbox"/> Primary carer of a disabled child/children (under 18) | <input type="checkbox"/> Prefer not to say   |
| <input type="checkbox"/> Primary carer of a disabled adult (18 and over)       |  |

Thank you for your assistance.