**Artspace Lifespace** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will stay confidential, be stored securely and limited only to staff with responsibility for Human Resources.

What is your postcode? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender?** Female ☐ Male ☐ Non-binary ☐ Prefer not to say ☐

If you prefer to use your own term, please specify here ………………………………….

Is your Gender the Same as that assigned at Birth? ………………………………………

**What is your relationship status?** Prefer not to say ☐ Cohabiting ☐ Civil Partnership ☐ Married ☐ Separated, divorced or partnership dissolved ☐ Single ☐ Widowed or a surviving partner from a civil partnership ☐

**Age** 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐

45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐

Prefer not to say ☐

**What is your ethnicity?**

Ethnic origin 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 or feel free to self-describe.

**Asian/Asian British**

Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐ Prefer not to say ☐

Anyother Asian background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black/ African/ Caribbean/ Black British**

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black/African/Caribbean background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed/multiple ethnic groups**

White and Black African ☐ White and Asian ☐ White and Black Caribbean ☐ Prefer not to say ☐ Any other mixed background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic group**

Arab ☐ Prefer not to say ☐ Any other ethnic group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**White**

British ☐ Gypsy or Irish Traveller ☐ Irish ☐ Northern Irish ☐

Welsh ☐ Scottish ☐ Prefer not to say ☐

Any other white background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consider yourself to have a disability or health condition?**

Yes ☐ No ☐ Prefer not to say ☐

**What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.*

**What is your sexual orientation?**

Bisexual ☐ Gay woman/lesbian ☐ Gay man ☐ Heterosexual ☐

Prefer not to say ☐

If you prefer to use your own term, please specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your religion or belief?**

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Prefer not to say ☐ Other religion or belief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current working pattern?**

Full-time ☐ Part-time ☐ Prefer not to say ☐

**What is your flexible working arrangement?**

None ☐ Flexi-time ☐ Staggered hours Term-time hours ☐

Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐

Homeworking ☐ Prefer not to say ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

None ☐ Primary carer of a child/children (under 18) ☐ Primary carer of disabled child/children ☐ Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐ Secondary carer (another person carries out the main caring role) ☐ Prefer not to say ☐

# Thank you for completing this Questionnaire