

Equal opportunities monitoring form

TINA The Tina Turner Musical is committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of gender, colour, race, nationality, marital or civil partnership status, religion or belief, sexual orientation, disability or age.

This form assists us in monitoring who is applying for employment with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce. These objectives comply with the requirements of the Equality Act 2010.

This form is used solely for monitoring purposes. It will be kept securely and it will not be used for appointment and promotion decisions; it will not be accessible beyond the core management team; and it will be used in aggregate (all data is pooled together and averages drawn from that) to help make evidence-informed policy decisions.

We would be grateful if you would fill in this form and return it with your Application. You are not obliged to answer all the questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. Thank you for your assistance.

Name:

Job applied for:

Date of application:

Where did you hear about the job for which you have applied? (Please tick all that apply)

Jobs website (please specify which one)

.....

Show website

Friend

Show social media channels

Other social media channels (please specify)

.....

Other (please specify)

.....

3 What is your gender (please tick)?								
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>					
Transgender Male	<input type="checkbox"/>	Non Binary	<input type="checkbox"/>					
Transgender Female	<input type="checkbox"/>	Bi Gender	<input type="checkbox"/>					
Choose not to say	<input type="checkbox"/>							
4 Is your age between (please tick)?								
16-24	<input type="checkbox"/>		25-34	<input type="checkbox"/>		35-44	<input type="checkbox"/>	
45-54	<input type="checkbox"/>		55-64	<input type="checkbox"/>		65 or over	<input type="checkbox"/>	
5 How would you describe your nationality and / or ethnicity (please tick)?								
White:			Black or Black British:			Chinese or other ethnic group:		
British — English, Scottish or Welsh	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>		Chinese	<input type="checkbox"/>	
Irish	<input type="checkbox"/>		African	<input type="checkbox"/>		Any other ethnic group	<input type="checkbox"/>	
Any other white background	<input type="checkbox"/>		Any other Black background	<input type="checkbox"/>				
Mixed race:			Asian or Asian British:					
White and Black Caribbean	<input type="checkbox"/>		Indian	<input type="checkbox"/>				
White and Black African	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>				
White and Asian	<input type="checkbox"/>		Bangladeshi	<input type="checkbox"/>				
Any other mixed background	<input type="checkbox"/>		Any other Asian background	<input type="checkbox"/>				
6 How would you describe your sexual orientation (please tick)?								
Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>			
Gay	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>					
7 How would you describe your religion (please tick)?								

My religion is:.....

I am not religious

Prefer not to say

8 The Equality Act 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, over 12 months or for the rest of the life of the person affected. Do you consider yourself to have a disability as defined under the Equality Act (please tick)?

Yes No

I used to have a disability but have now recovered

Choose not to say

If yes please tick all that apply or use the free box.

Autism spectrum disorder (eg Asperger syndrome)

Cognitive and learning difficulties (eg dyslexia)

Long term illness (12 months or more)

Hearing

Visual

Speech

Mobility

Physical

Mental ill health

Invisible disability

If not listed above please specify below if you wish:

.....

9 Do you have any access requirements for interview / require reasonable adjustments in the workplace?

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1 For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by
0 completing this form I give my consent to TINA The Tina Turner Musical processing the data
supplied above in connection with monitoring equal opportunities obligations. I also agree to
the storage of this information on manual and computerised files.

Signed

Dated