

Equal Opportunities Monitoring Form

Common Wealth is an Equal Opportunity Employer. All employees will receive equal treatment regardless of age, race, class, gender, disability or sexuality and Common Wealth will seek to ensure that no one is disadvantaged by conditions or requirements which cannot be shown to be justified.

Our grant funders require us to return regular statistics on our staff, artists, participants and audiences. We would be very grateful for your help in filling this form in and returning it to us with your contract.

If you would prefer not to answer any of the questions below, please write ‘*prefer not to say’* in the box. All information you provide will be held confidentially.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Gender** |
| Please let us know how you identify your gender (feel free to include your pronouns): |

|  |
| --- |
| **Ethnicity** |
| Please let us know how you describe your ethnicity: |

|  |
| --- |
| **Sexual Orientation:** |
| Please let us know how you describe your sexual orientation: |

|  |
| --- |
| **Disability & long-term health** |
| Do you consider yourself to have a disability or a long-term health condition?  If yes, could you please give details about your disability/long-term health condition: |