# **LEWISHAM ARTHOUSE**

# **EQUAL OPPORTUNITIES FORM**

Lewisham Arthouse is committed to recruiting and retaining a diverse and representative artist membership and staff. The information provided on this form will be treated as strictly confidential and used only to ensure that our recruitment process is being carried out fairly and in a non-discriminatory way. This form will be stored separately from your application. Completing this form is optional.

#

# **Age** Please tick one

|  |  |
| --- | --- |
| 18 – 25  |  |
| 26 – 30  |  |
| 31 – 41 |  |
| 42 – 55 |  |
| 56 and above |  |
| Prefer not to say |  |

# **Ethnicity or ethnic group**  Please tick one

|  |  |  |
| --- | --- | --- |
| Asian/Asian British  | Indian |  |
|  | Bangladeshi |  |
|  | Chinese |  |
|  | Any other Asian background |  |
| Black/Black British | African |  |
|  | Caribbean |  |
|  | Any other Black background |  |
| Dual or multiple heritage | White and Black Caribbean |  |
|  | White and Black African |  |
|  | White and Asian |  |
|  | Any other dual or multiple heritage |  |
| White | British |  |
|  | Irish |  |
|  | Gypsy, Irish Traveller or Roma |  |
|  | Any other white background |  |
| Other  | Arab |  |
|  | Latin American |  |
|  | Any other ethnic group  |  |
|  | Not known |  |
|  | Prefer not to say |  |

**Gender identity** Please tick one

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Non-binary |  |
| Other  |  |
| Prefer not to say  |  |

# **Sexual orientation**  Please tick one

|  |  |
| --- | --- |
| Bisexual  |  |
| Gay |  |
| Heterosexual  |  |
| Lesbian |  |
| Other |  |
| Prefer not to say  |  |

# **Do you consider yourself to have a disability?**

# Yes / No / Prefer not to say

# Under the Equality Act 2010, a person has a disability 'if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. Please note, information on this form will only be used for monitoring purposes. If you have specific access requirements, please contact allocations@lewishamarthouse.org.uk

# **Do you have dependents or caring responsibilities?**

# Yes / No / Prefer not to say

# This can include children, or other people who rely on you for care.

# **Whilst aged 16 or under, were you at any time eligible for free school meals, or entitled to equivalent state support?**

# Yes / No / Prefer not to say