**Equality, Diversity and Inclusion Monitoring Form**

**#LoveDanceScotland**

**STRICTLY CONFIDENTIAL**

The #LoveDanceScotland commissioning partners (Dance Base Scotland, Dundee Rep and Scottish Dance Theatre, and Tramway Glasgow) are committed to supporting, developing and promoting diversity and equality in the commissioning process, our engagements, general practices and activities. Collectively we strive to establish an inclusive culture free from discrimination and based on the values of fairness, dignity and respect.

#LoveDanceScotland will support and develop artists we engage with by providing inclusive access to facilities, opportunities and commisions on an equal basis regardless of age, disability, gender reassignment, race, religion or belief, gender, sexual orientation, pregnancy and maternity, marriage and civil partnership.

Please help us to monitor equality of opportunity by answering the following questions as completely and honestly as possible by ticking the relevant boxes. Your answers are confidential and anonymous and will not be used in connection with your application or engagement, and will be for statistical purposes only.

We recognise that not everyone will be comfortable answering every single question as some are very personal. To assist you we offer a “prefer not to answer” option for every question and will make no assumptions about your reason for selecting this response.

We ask that you provide data for your core creative team. You may do so either by completing this form collectively by ticking (and numbering multiples in brackets after the text) all boxes that apply, or by passing copies of this form to your team members to complete and return independently to [Kirsty.Somerville@dancebase.co.uk](mailto:Kirsty.Somerville@dancebase.co.uk)

**Please let us know if you require this form in a different format.**

**Opportunity Applied for:**Click here to enter text.

**Date:** Click here to enter text.

**Where did you see this opportunity advertised?** Click here to enter text.

**What is your age?**

16-24 years

25-44 years

45-65 years

65+ years

Prefer not to say

**Which religion or belief below do you most identify with?**

Agnostic

Atheist

Bah’ai

Buddhist

Christian – Catholic

Christian – Protestant

Christian – Other

Hindu

Humanism

Jain

Jewish

Muslim

Pagan

Rastafarian

Scientologist

Shinto

Sikh

Zoroastrian

No religion or belief

Prefer not to say

Other: Click here to enter text.

**Which ethnic background groups do you most identify with?**

African / African Scottish / African British

Arab / Arab Scottish / Arab British

Asian / Asian Scottish / Asian British

Black / Black Scottish / Black British

Caribbean / Caribbean Scottish / Caribbean British

Chinese / Chinese Scottish / Chinese British

Gypsy / Traveller

Irish

Polish

White Scottish / White British

Mixed or Multiple Ethnic Groups, please tick and specify in the 'Other' box

White Other, please tick and specify in the 'Other' box

Prefer not to say

Other: Click here to enter text.

**Which of the following best describes your gender identity?**

Female

Male

Non-Binary

In another way

Prefer not to say

If you describe your gender with another term, please provide this here - Click here to enter text.

**Which of the following best describes your sexual orientation?**

Heterosexual / Straight

Bi / Bisexual / Pansexual

Gay / Lesbian

Prefer not to say

If you describe your sexual orientation with another term, please provide this here - Click here to enter text.

**Do you consider yourself to be disabled under the Equality Act 2010?**

A *disabled person is defined under the Equality Act 2010\* as someone with a ‘physical or mental impairment which has a substantial and long term adverse effect on that person’s ability to carry out normal day-to-day activities.’*

Yes

No

Do not know

Prefer not to say

**If you do consider yourself to be disabled under the Equality Act 2010 please select all that apply should wish to answer.**

Hearing impairment *(including partial impairment)*

Visual impairment *(including partial impairment)*

Speech impairment *(including partial impairment)*

Mobility impairment *(including partial impairment)*

Physical co-ordination difficulties

Reduced physical capacity

Severe disfigurement

Learning difficulties *(e.g. dyslexic)*

Mental health difficulties

Progressive conditions

An unseen disability *(e.g. diabetes, asthma, epilepsy)*

Prefer not to say

Other: Click here to enter text.