

Equality and diversity monitoring form

Benslow Music wants to meet the aims and commitments set out in its Equality, Diversity & Inclusion 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 provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact executiveassistant@benslowmusic.org

Please return the completed form with your application.

i. Aic you.

Female	Male		Non-binary	
Prefer not to say	Prefer to self-describe please write in:	,		

2. Is the gender you identify with the same as your sex registered at birth?

V	 L	- 5	D ()
Yes	l No		Prefer not to say
			,

3. What is your age?

18-24	25-29	30-34	35-39	40-44		45-49	
50-54	55-59	60-64	65+	Prefer no	ot to sa	ay	

4. 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. (Descriptions are taken from the 2021 Census in England and Wales.)

Asian or Asian British

Bangladeshi	Chinese		Indian	
Pakistani	Any other Asian backgro please write in:	und,		

Black, African, Caribbean or Black British

Diadity / tilliouri, Guilbood		Diadit Billion		
African		Caribbean		
Any other Black, African write in:	or Ca	ribbean background, plea	se	

Mixed or Multiple ethnic groups

White and Asian	White and Black African	White and Black Caribbean
Any other Mixed or Multi in:	ole ethnic background, please	write

British/English/Northern Irish/Scottish/Welsh	Gypsy or Irish Traveller	Irish	
Any other White backgroun	nd, please write in:		ı
Other ethnic group			
Arab	Any other ethnic group, please write in:		
. Do you consider yourse	elf to have a disability or healt	h condition?	
Yes	No	Prefer not to say	
What is the effect or impacin here:	t of your disability or health con	dition on your work? Please	wri
The information in this form	is for monitoring nurnoses only	If you believe you need a	
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easonable adjustment', the rocess. . What is your sexual orion Asexual Heterosexual/Straight Prefer not to day . What is your religion or	en please discuss with the mana entation? Bisexual Pansexual If you prefer to use your ov identity, please write in: belief? Christian	Gay or Lesbian Undecided vn Hindu	

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

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)	None	
Prefer not to say		