



# Equality and diversity monitoring form

**Entelechy Arts** wants to prioritise equality, fairness, diversity and representation across all our teams of participants, volunteers, artists and staff.

You can help to do this by completing this form and adding to a more accurate picture of the make up of our teams.

We need your co-operation to do this - but filling in this form is voluntary.

Your data will be stored safely, separately and confidentially on our central database. You can find out more at our [Privacy statement](#).

Please return the completed form (ensuring it is saved and sent as a separate file to your application/person information) to [info@entelechyarts.org](mailto:info@entelechyarts.org)

If you have any questions about this form or suggestions about how we can improve diversity, equality and representation at Entelechy Arts please contact [info@entelechyarts.org](mailto:info@entelechyarts.org).

Many thanks.

**Gender:**

- Man
- Woman
- Intersex
- Non-binary
- Prefer not to say

If you prefer to use another term please tell us here .....

**Is your gender identify the same as the sex you were assigned at birth?**

- Yes
- No
- Prefer not to say

**What is your sexual orientation?**

- Heterosexual/Straight
- Gay
- Lesbian
- Bisexual
- Prefer not to say

If you prefer to use another term, please tell us here .....

**What is your ethnicity?**

*Tell us how you describe your ethnic origin. Ethnic origin is **not** about your nationality, place of birth or citizenship. It is about the ethnic group to which you perceive you belong. For example: White British; Black African; Mixed Ethnicity-White & Asian; etc.*

My ethnicity is: .....

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**Do you consider yourself to have a disability or long term health condition?**

*The Equality Act 2010 considers people as disabled if they have a physical or mental impairment that has a significant and long-term impact on their ability to carry out normal day-to-day activities. ‘Long-term’ means that the condition has lasted, or is likely to last for more than 12 months.*

*(Please tick all that apply)*

- No, I do not consider myself disabled
- Yes, I am living with a long term health condition
- Yes, I have a disability
- Yes, I am living with a hearing impairment
- Other, please tell us here: .....
- Prefer not to say

**Neurodiversity**

*Recognised Types of Neurodivergence include: Autism (ASD), Attention Deficit / Hyperactivity Disorder (ADHD), Dyslexia, Dyspraxia (Developmental Coordination Disorder DCD), Dyscalculia.*

- No, I do not consider myself Neurodivergent
- Yes, I consider myself Neurodivergent
- Prefer not to say

The information in this form is for monitoring purposes only. If we can do anything to support your access or make it easier for you to take part in any way, then please discuss this with Entelechy Arts.

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**What is your religion or belief?**

- |  |  |                                    |
|--|--|------------------------------------|
| No religion or belief <input type="checkbox"/> | Buddhist <input type="checkbox"/>          | Christian <input type="checkbox"/> |
| Hindu <input type="checkbox"/>                 | Jewish <input type="checkbox"/>            | Muslim <input type="checkbox"/>    |
| Sikh <input type="checkbox"/>                  | Prefer not to say <input type="checkbox"/> |                                    |

Or, if another religion or belief, please tell us here: .....

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**When you were aged 14, what was the occupation of the main/highest income earner in your household?**

- Modern Professional
- Clerical & Intermediate
- Technical & Craft
- Routine Manual & Service
- Short Term Unemployed
- Retired

- Traditional Professional
- Senior Management & Administrative
- Semi-routine manual & Service
- Middle & Junior Management
- Long term Unemployed
- Prefer not to say

If other, or if you are not sure which box to tick, then please tell us the occupation:

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**What is the highest level of education you have received?**

- Degree Level
- Post-degree
- Other qualification (e.g. Apprenticeship/School leavers'/A-level/GCSE/O-level)
- No formal qualifications
- Do not know
- Prefer not to say
- Other (please tell us): .....

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

- No
- Primary carer of a child/children (under 18)
- Primary carer child/children with disabilities (under 18)
- Primary carer of adult with disabilities (18 and over)
- Primary carer of older person
- Secondary carer (another person carries out the main caring role)
- Prefer not to say
- Other (please tell us): .....