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Equal Opportunities Monitoring Form – Individuals

Arts Council of Wales is committed to making sure everyone in Wales has access to the arts.

You must answer all the questions below. We will use the data provided by all our grant applicants to help us make sure our funding is reaching a broad range of people and organisations.

We must also report on who our funding is reaching by each of the 'protected characteristics' covered by the Equality Act 2010 in our Annual Equality Report, to comply with the specific duties set out in the Equality Act 2010 (Statutory Duties (Wales) Regulations 2011).

Your answers in this section will not affect any decision on your grant application and will be used for monitoring purposes only. The form will not be shared with staff assessing your application

Gender

What is your gender?

(Please specify)

Age

Under 20 20-29 30-39 40-49 50-59 Over 60

Prefer not to say

Relationship Status

Married/Civil Partnership Divorced Single Widowed Other

Prefer not to say

Sexual Orientation

Bisexual Gay/Lesbian Heterosexual/Straight

Other *(Please specify)*

Prefer not to say

Religion/Belief

Buddhist Christian Hindu Jewish Muslim Sikh No Religion
Other *(Please specify)*
Prefer not to say

National Identity/Ethnic Origin**How would you describe your national identity?**

Welsh English Scottish Northern Irish British
Other *(Please specify)*

What is your ethnic group?**A. White**

Welsh / English / Scottish / Northern Irish / British
Irish
Gypsy or Irish Traveller
Any other White background *(Please specify)*

B. Mixed / multiple ethnic groups

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed / multiple ethnic background *(Please specify)*

C. Asian / Asian British

Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background *(Please specify)*

D. Black / African / Caribbean / Black British

African

Caribbean

Any other Black / African / Caribbean background (*Please specify*)

E. Other ethnic group

Arab

Any other ethnic group (*Please specify*)

Disability

Do you have any of the following conditions?

Learning Disability (e.g. dyslexia, dyspraxia)

Long term illness/condition (e.g. asthma, diabetes, epilepsy, Multiple Sclerosis)

Sensory Impairment (e.g. Blind, Deaf, Glaucoma, hearing impairment, visual impairment)

Mental Health Condition (e.g. anorexia, depression, schizophrenia)

Physical Impairment (e.g. amputation, wheelchair user, manual dexterity issues)

Cognitive Impairment (e.g. Autism, Aspergers Syndrome, head injury)

Other (*Please specify if you wish*)

The Disability Discrimination Act 1995, defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to this definition?

No Yes

(*Please specify if you wish*)



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