# Text Description automatically generatedEQUAL OPPORTUNITIES MONITORING FORM

# CONFIDENTIAL

We are an equal opportunity organisation. The aim of our policy is to ensure that no artist, applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation, and to ensure our exhibiting artists represent the diversity of society.

We gather and analyse diversity data to assess the extent to which we are achieving our diversity and inclusion aims and to ensure that our recruitment process is free from bias. We use this information to regularly review our processes to ensure they are fair and transparent, and do not have an adverse impact on any particular group. All information provided will be treated as strictly confidential in line with the General Data Protection Regulations (GDPR) 2018. The information will only be used for statistical purposes, with access restricted to staff involved in processing and monitoring the data. No information will be published or used in any way that allows individuals to be identified. We recognise that some people may regard this information as private and have therefore included the option of ‘prefer not to say’ in all categories. You do not have to complete the form, but it will help us improve our processes if you can complete as much as possible.

Further information about our compliance with EU General Data Protection Regulations (GDPR) can be found on the Privacy, Policy & Legal section of our website.

AGE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| What is your age? Please mark ‘X’ in one box only. | | | | | | | |
| 16-19 |  | 20-24 |  | 25-29 |  | 30-34 |  |
| 35-39 |  | 40-44 |  | 45-49 |  | 50-54 |  |
| 55-59 |  | 60-64 |  | 64+ |  | | |

DISABILITY

|  |  |  |  |
| --- | --- | --- | --- |
| A person with a disability 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.’ Please indicate below whether you consider yourself to be disabled under the Equality Act 2010. Please mark ‘X’ in the appropriate box. | | | |
| Yes |  | No |  |
| Prefer not to say |  | Don’t know |  |

ETHNIC ORIGIN

|  |  |  |
| --- | --- | --- |
| We want to ensure that all applicants are treated equally whatever their race, colour or ethnic origin. To do this we need to know about the ethnic origin of people who apply to join us. These categories were used in the 2021 Census and are listed alphabetically. We have added Cornish as an option. Which group do you most identify with?  Please mark ‘X’ in the appropriate box. | | |
| How would you describe your national identity? | | |
| British |  | |
| English |  | |
| Northern Irish |  | |
| Scottish |  |  |
| Welsh |  |  |
| Cornish |  |  |
| Any Other? (please specify below) | | |
|  | | |
| Prefer not to say |  | |
| What is your ethnic group? | | |
| **White:** | | |
| English, Welsh, Scottish, Northern irish British |  | |
| Irish |  | |
| Gypsy or Irish Traveller |  | |
| Roma |  | |
| Any other white background (please specify below) | | |
|  | | |
| **Mixed or Multiple ethic groups:** | | |
| White and Black Caribbean |  | |
| White and Black African |  | |
| White and Asian |  | |
| Any other Mixed or Multiple background (please specify below) | | |
|  | | |
| **Asian & Asian British:** | | |
| Bangladeshi |  | |
| Indian |  | |
| Pakistani |  | |
| Chinese |  | |
| Any other Asian background (please specify below) | | |
|  | | |
| **Black, Black British, Caribbean or African:** | | |
| Caribbean |  | |
| African background |  | |
| Any other Black, Black British or Caribbean background (please specify below) | | |
|  | | |
| **Other Ethnic group:** | | |
| Arab |  | |
| Any other ethnic group (please specify below) | | |
|  | | |
| Prefer not to say |  | |

GENDER

|  |  |  |  |
| --- | --- | --- | --- |
| Please state your sex | | | |
| woman |  | man |  |
| transgender |  | gender neutral |  |
| agender |  | non-binary |  |
| Gender fluid |  | other |  |
| Prefer not to say |  |

SEXUAL ORIENTATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| We want to ensure that all applicants are treated equally whatever their sexual orientation. To do this we need to know about the sexual orientation of people who apply to join us. We should therefore be grateful if you would complete the following question. Your answer will be treated in the strictest confidence and will not affect your job application in any way.  Which group do you most identify with?  The options are listed alphabetical order. Please mark ‘X’ in one box only. | | | | | |
| Bi-Sexual |  | Gay woman/lesbian |  | Gay man |  |
| Heterosexual/  straight |  | Other |  | Prefer not to say |  |

RELIGION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| What is your religion or belief (including non-belief)? Please mark ‘X’ in the box below as appropriate. | | | | | | | |
| Buddhist |  | Christian |  | Hindu |  | Jewish |  |
| Muslim |  | Sikh |  | No religion |  | Prefer not to say |  |
| Other (please specify below) | | | | | | | |
|  | | | | | | | |

ADVERTISING EFFECTIVENESS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| We would like to monitor the effectiveness/impact of advertising vacancies and seeking to put the various forms of advertising to the best use to attract as diverse a range of candidates as possible. We would like to know how you became aware of this vacancy. Please mark ‘X’ in the appropriate box(es) below: | | | | | |
| Our Website |  | Other Website  (please specify) |  | | |
| Job Centre |  | Word of Mouth |  | Social Media |  |
| Other |  | | | | |

I hereby give my consent for the monitoring information provided on this form to be held on Newlyn’s internal systems or other relevant filing mechanisms. This will be shared with key personnel who review processes for fairness. This data will only be used for statistical purposes and handled in compliance with the General Data Protection Regulations 2018.

I hereby give my consent:

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in working with Newlyn Art Gallery & The Exchange.   
Please return this form, along with your proposal to [Bettina.wenzel@newlynartgallery.co.uk](mailto:Bettina.wenzel@newlynartgallery.co.uk)

