EQUAL OPPORTUNITIES MONITORING FORM

West Yorkshire Print Workshop (WYPW) is committed to equality of opportunity and to meeting the aims and commitments set out in its Equality Policy. We do not discriminate under the Equality Act 2010.

Collecting equality monitoring information helps us understand who we are reaching, identify any barriers to access or employment, and meet the expectations of Arts Council England and other funders.

Completing this form is voluntary. The information you provide will be kept confidential, stored securely, and used only for anonymous monitoring and statistical purposes. It will not be shared with those involved in recruitment, selection, or decision-making. Data will be retained only as long as necessary and handled in accordance with our Data Protection and Privacy Policy.

Please tick ✓ the options that apply. You may select **"Prefer not to say"** for any question.

SEX

(As registered at birth)

Male ☐

Female ☐

Prefer not to say ☐

GENDER IDENTITY

Which of the following best describes your gender identity?

Male ☐

Female ☐

Non-binary ☐

Prefer not to say ☐

If you prefer to self-describe, please do so here: _____

AGE

0–19 ☐

20–29 ☐

30–39 ☐

40–49 ☐

50–59 ☐

60–69 ☐

70+ ☐

Prefer not to say ☐

ETHNIC GROUP

Ethnic origin is not about nationality, place of birth, or citizenship. It is about the group to which you perceive you belong. Please tick **one** option. Categories are listed alphabetically for neutrality.

Asian or Asian British

Bangladeshi ☐

Chinese ☐

Indian ☐

Pakistani ☐

Any other Asian background ☐

Prefer not to say ☐

Black, African, Caribbean or Black British

African ☐

Caribbean ☐

Any other Black background ☐

Prefer not to say ☐

Mixed or Multiple ethnic groups

White and Black African ☐

White and Black Caribbean ☐

White and Asian ☐

Any other Mixed or Multiple ethnic background ☐

Prefer not to say ☐

Other ethnic group

Arab ☐

Any other ethnic group ☐

Prefer not to say ☐

White

English / Welsh / Scottish / Northern Irish / British ☐

Irish ☐

Gypsy or Irish Traveller ☐

Any other White background ☐

Prefer not to say ☐

If you selected “Any other”, please state: _____

DISABILITY OR LONG-TERM HEALTH CONDITION

Do you consider yourself to have a disability or long-term health condition, as defined by the Equality Act 2010?

Yes ☐

No ☐

Prefer not to say ☐

If you require reasonable adjustments to enable you to participate fully in the recruitment process or role, please let us know if you are invited to interview.

SEXUAL ORIENTATION

Heterosexual ☐

Gay ☐

Lesbian ☐

Bisexual ☐

Prefer not to say ☐

If you prefer to self-describe, please do so here: _____

RELIGION OR BELIEF

No religion or belief ☐

Buddhist ☐

Christian ☐

Hindu ☐

Jewish ☐

Muslim ☐

Sikh ☐

Prefer not to say ☐

Any other religion or belief (please state): _____

Please return this form **separately from your application** to:

admin@wypw.org

Thank you for helping us to monitor and improve equality, diversity, and inclusion at West Yorkshire Print Workshop.