#

EQUALITIES MONITORING FORM

Alexandra Palace is committed to working towards equality of opportunity and will not discriminate either directly or indirectly because of race, sex, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity

Although you are not required to complete this form, we would like to encourage you to do so because receiving this information will mean we can undertake analysis to either ensure our processes are fair or make changes to how we work.

All information will be treated in confidence. The questionnaire will be stored securely and used only to provide statistics for monitoring purposes.

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please select your answers from the drop down menus***

1. **Age Range**

Choose an item.

**2a) Gender**

Choose an item.

**2b) Do you identify as transgender?**

Choose an item.

1. **Marital Status**

Choose an item.

1. **Sexual Orientation**

Choose an item.

1. **Ethnic Origin**

Choose an item.

1. **Do you consider yourself to be disabled?**

In accordance with the Equality Act 2010, a disability is a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.

Choose an item.

**6b) If Yes, what is the nature of your disability?**

Choose an item.

1. **Religion or Belief**

Choose an item.

**Data protection:** Alexandra Palace treats personal data collected for reviewing equality of opportunity in recruitment, selection and employment within the organisation in accordance with its data protection policy. Information about how your data is used and the basis for processing is provided in the organisation's employee privacy notice.

I hereby give my consent to Alexandra Palace processing the data supplied in this form for the purpose of equal opportunities monitoring in recruitment and selection and employment within the organisation I understand that I may withdraw my consent to the processing of this data at any time by notifying Human Resources.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this Form.**