

Equality & Diversity Monitoring Form for Applicants

Welsh National Opera collects equality and diversity information for monitoring purposes to ensure that our policies and procedures are effective. The Company is committed to the principles of fairness, consistency and equality of opportunity for all. We are committed to engaging a workforce that reflects all sections of society and the data employees share will be used to monitor and evaluate if these obligations are being met. To assist us in this endeavour, the Company would appreciate the support and co-operation of all job applicants.

We will ensure that our practices comply with the Equality Act 2010. No job applicant or employee will receive less favourable treatment particularly on the grounds of sex, race, nationality, ethnic origin, marital status, pregnancy and maternity, disability, sexuality, gender reassignment, age or religious belief.

The information provided on this form is anonymised in order to keep it fully confidential and accessibility is strictly limited in accordance with the Data Protection Act.

Should you wish to complete this form in the medium of the Welsh language, please use the Welsh version located in the "Cymraeg" section of the Current Vacancies section of the website.

| 1. | Sex | |
|----|---|---|
| | | |
| | ☐ Female | |
| | Do not wish to disclose | |
| | If you are undergoing the process of gende applies to your future gender. | er reassignment, please tick the box that |
| | Do you live and work in a gender other tha | n that assigned at birth |
| | ∐ Yes | |
| | ∐ No | |
| | Do not wish to disclose | |
| 2. | What age group do you belong to? | |
| | ☐ 18-25 | □ 56 –65 |
| | ☐ 26-35 | ☐ 65+ |
| | 36-45 | Do not wish to disclose |
| | 46-55 | |



| 3. | How would you describe your sexuality? | | |
|------------|---|---|--|
| | Heterosexual | ☐ Bi-sexual | |
| | ∐ Gay | Do not wish to disclose | |
| | Lesbian | | |
| 4. | Do you consider yourself to have a disable The Equality Act 2010 protects people who term health conditions. A person is defined physical or mental impairment which has a on their ability to carry out normal day-to-having lasted or expected to last for at least from external barriers experienced by peop Yes No | o are disabled including those with long- I under the Act as disabled if they have a substantial and long-term adverse effect day activities. Long-term is defined as at 12 months. Adverse effects may arise | |
| | If 'Yes' please state the type of disabilic experience more than one type of impair more than one. If none of the categories ap Physical Disability Learning Dis Sensory Disability Long-term III Mental Health Condition Other | ment, in which case you may indicate ply, please mark 'other'. ability / Difficulty ness | |
| 5. | Please indicate which ethnic group you o | consider yourself to belong to | |
| O . | White | onolder yearden to belong to | |
| | White – British (to include Northern Irela | nd, Scotland & Wales) | |
| | White – Irish | , | |
| | White - European | | |
| | Other White | | |
| | Black | | |
| | Black or Black British – Caribbean | | |
| | Black or Black British – African | | |
| | Other Black | | |
| | Asian | | |
| | Asian or Asian British – Indian | | |
| | Asian or Asian British – Pakistani | | |
| | Asian or Asian British – Bangladeshi | | |
| | Chinese | | |
| | Other Asian | | |
| | Mixed | | |
| | Mixed – White & Black Caribbean | | |
| | Mixed – White & Black African | | |
| | Mixed – White & Asian | | |
| | Other Mixed | | |



| V | CYMRU |
|------------|--|
| | Other/unknown |
| | Ethnic identity not known |
| | ☐ Do not wish to disclose |
| | If you have selected 'Other' please state which group you consider yourself to |
| | belong to: |
| 6. | Please indicate which religion/belief you consider yourself to belong to |
| o . | Buddhist |
| | Christian |
| | Hindu |
| | Jewish |
| | Muslim |
| | Sikh |
| | No religion |
| | Do not wish to disclose |
| | Other religion please state: |
| 7. | Are you married or in a civil partnership? |
| | Yes |
| | □ No |
| | Do not wish to disclose |
| 8. | Do you have caring responsibilities? If yes, please tick all that apply |
| . | Primary carer of child/children (under 18) |
| | Primary carer of disabled child/children |
| | Primary carer of disabled adult (18 and over) |
| | Primary carer older person |
| | Secondary (another person carries out the primary role) |
| | Do not wish to disclose |
| | |

Thank you for taking the time to complete this equality & diversity monitoring form.