

**Equality and Diversity Survey**

Under the terms of our Arts Council National Portfolio funding, we are required to collate information on the race, disability, age, gender and sexual orientation of all our staff. This reflects our obligations under Equality Legislation.

It is not compulsory for you to disclose this information. If you do not wish to do so, just select the ‘Prefer not to say’ options, but please do still complete and return the form. However, we hope that you will feel able to do so, as it will help us to demonstrate that Hull Truck Theatre is providing an inclusive working environment.

Most of you provided this information at the time of your appointment. However, as it is classed as sensitive data it cannot be shared without your written permission. Therefore, the most straightforward way for us to collate all the data required by Arts Council England is to collect it directly from you.

The information will be used only for the purposes of completing the Arts Council Annual Survey. It will be destroyed if/when your employment with Hull Truck comes to an end.

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| --- | --- |
| **Name:** |  |
| **Department/Role:** |  |
| **Permanent or Casual:** |  |
|  |  |

|  |
| --- |
| **Age Group:** *(please tick)* |
| 0 -19 |  | 20 - 34 |  | 35 - 49 |  | 50 - 64 |  | 65 + |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| DOB: |  | Age: |  |

|  |
| --- |
| **Ethnicity:** |
| White British |  | White Irish |  | Irish Traveller |  | Any other White Background |  |
| White & Asian |  | White & Black African |  | White & Black Caribbean |  | Any other Mixed Background |  |
| Indian  |  | Pakistani |  | Bangladeshi |  | Any other Asian Background |  |
| African |  | Caribbean |  |  |  | Any other Black Background |  |
| Arab |  | Prefer Not To Say |  | Not Known |  | Any other Ethnic Group |  |

|  |
| --- |
| **Gender:** *(please tick)* |
| Male |  | Female |  | Non-Binary |  |
| Prefer Not to Say |  |  |  |  |  |

|  |
| --- |
| **Sexual Orientation:** *(please tick)* |
| Heterosexual/Straight |  | Gay Man |  | Gay Woman/Lesbian |  |
| Prefer not to say |  | Bisexual |  | Not Known |  |

|  |
| --- |
| **Disability** – **The Equality Act 2010 states that: “A person has a disability… if he/she has a physical or mental impairment which has a substantial and long-term, adverse effect on his/her ability to carry out normal day-to-day activities.” Disability is recorded on the basis of your own self-assessment. Please tick the relevant box(es) below:** |
| Long Term Disability/ Impairment |  | None |  | Not Known |  |
| Prefer Not to Say |  |  |  |  |  |

**Statement: To the best of my knowledge, the information I have provided on this form is accurate.**

Signed: …………………………………………………………………………………………….. Dated: …………………………………………………………………

