Equality and Diversity Survey

Heterosexual/Straight

Bisexual



Gay Woman/Lesbian

Not Known

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 and It can be done anonymously. If you do not wish to give this information, just select the 'Prefer not to say' options, but please do still complete and return the form with your name on if possible. Unless you would prefer not to disclose any information, then please select the tick box at the bottom of this form and submit.

We do however hope that you will fully complete the form as it will help us to demonstrate that Hull Truck Theatre is providing an inclusive working environment.

If you completed one of these forms when you signed your contract with HTT and nothing has changed since, then please reply advising NO CHANGE TO PERSONAL DATA. It is advised that if your answers may have changed (not inc age) to complete a new form.

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. Until then it will be saved confidentially on your personnel file.

Name:										
Department/Role:										
Permanent or Casual:										
Have you worked under any other			Yes /	' No						
contracts at HTT within the last year?										
Freelance Any:										
Creative / Artistic:										
Other:										
Age Group: (please tid	ck)									
0 -19	20 -	34	35 - 49)	50 - 64		65 +	Pi	refer not to say	
DOB:										
Ethnicity:										
White British		White Irish		Irish Traveller			Any	Any other White Background		
White & Asian White & Blac		ack		White & Black		Any	other Mix	ed Background		
African			Caribbean							
Indian Pakistani				Bangladeshi		Any	other Asia	an Background		
African Caribbean						Any	other Blac	ck Background		
Arab Prefer Not To		To Say		Not Known		Any	other Eth	nic Group		
Gender: (please tick)										
Male				Female			Non-Binary			
Transgender				Prefer Not to Say				Not Known		
Sexual Orientation: (please tick)										

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					
Prefer Not to Say		Not Known					

Gay Man

Prefer not to say

I acknowledge the questions on this Equality and Diversity form , however I do not wish to complete the form due to personal choice. $\ \Box$



To the best of my knowledge, the information I have provided on this form is true and accurate.						
Signed:	Dated:					



