

# Equalities Monitoring Form 2020/21

This sheet will be used solely for populating our Annual Statistical Survey, a legal requirement as part of our funding from Creative Scotland, who in turn report to Scottish Government on equalities information.

The questions below relate to the options provided in the statistical form from Creative Scotland.

The data collected in this form cannot be traced to you in any way - it is entirely confidential.

Thanks!

\* Required

## 1. Gender \*

*Mark only one oval.*

- Male
- Female
- Transgender
- Non-binary
- I'd rather not say
- Other: \_\_\_\_\_

## 2. Do you identify as the same gender that you were at birth?

*Mark only one oval.*

- Yes
- No
- Prefer not to say
- Other: \_\_\_\_\_

## 3. What is your ethnic group? \*

Mark only one oval.

- White Scottish / White British
- Irish
- Gypsy / Traveller
- Polish
- White Other (please specify below)
- Asian / Asian Scottish / Asian British
- Chinese / Chinese Scottish / Chinese British
- African / African Scottish / African British
- Caribbean / Caribbean Scottish / Caribbean British
- Black / Black Scottish / Black British
- Arab / Arab Scottish / Arab British
- Mixed or Multiple ethnic groups (please specify below)
- I'd rather not say
- Other: \_\_\_\_\_

## 4. Do you consider yourself to be a disabled person? \*

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Check all that apply.

- Non-disabled
- Visual impairment
- Hearing impairment / Deaf
- Physical disabilities
- Cognitive or learning disabilities
- Other long term / chronic condition (please specify below)
- I'd rather not say

Other:  \_\_\_\_\_

5. Which age group do you belong to? \*

*Mark only one oval.*

- Under 16
- 16 - 24
- 25 - 44
- 45 - 65
- 65 and over
- I'd rather not say

6. What is your sexual orientation? \*

*Mark only one oval.*

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- I'd rather not say
- Other: \_\_\_\_\_

7. How would you describe your role with BOP? \*

*Mark only one oval.*

- Full-time specialist staff
- Part-time specialist staff
- Full-time manager
- Part-time manager
- Full-time other staff
- Part-time other staff
- Full-time artist/ creative practitioner
- Part-time artist/ creative practitioner
- Creative development opportunity recipient
- Youth Employment Initiative
- Board member
- Volunteer
- Staff member

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