



## Equal Opportunities Monitoring Form

Art Gene Ltd is committed to the provision of equal opportunities, and it is our stated aim to ensure that no employee, potential employee, visiting artist or volunteer shall suffer discrimination due to their age, race, colour, ethnic origin, gender, marital status, sexual orientation, nationality, religion or disability.

The information which you give will be treated with the strictest confidence, and does not require any personal details or your signature. Art Gene Ltd asks for your help in promoting its equal opportunity policy by completing this form. Thank you.

*These questions are designed to align with the way that the UK Government collects census data. This helps our funders to compare our audience profiles to the general population accessing arts and culture. If there are any questions you'd rather not answer please select 'Prefer not to say' or skip to the next question.*

**Please place an X in the appropriate box.**

### 1. Which is the following options best describes how you think of your gender identity:

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	In another way*
<input type="checkbox"/>	Prefer not to say

\* If 'in another way' how would you describe your gender?

\_\_\_\_\_

### 2. Which age group do you belong to?

<input type="checkbox"/>	Under 16	<input type="checkbox"/>	40 – 44	<input type="checkbox"/>	70 – 74
<input type="checkbox"/>	16 – 19	<input type="checkbox"/>	45 – 49	<input type="checkbox"/>	75 – 79
<input type="checkbox"/>	20 – 24	<input type="checkbox"/>	50 – 54	<input type="checkbox"/>	80 – 84
<input type="checkbox"/>	25 – 29	<input type="checkbox"/>	55 – 59	<input type="checkbox"/>	85 – 89
<input type="checkbox"/>	30 – 34	<input type="checkbox"/>	60 – 64	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	35 - 39	<input type="checkbox"/>	65 - 69	<input type="checkbox"/>	

## International Art Research, Production & Exhibition Facility

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### 3. What is your ethnic group?

<input type="checkbox"/>	White: English/ Welsh/ Scottish/ Northern Irish/ British	<input type="checkbox"/>	Asian or Asian British: Bangladeshi
<input type="checkbox"/>	White: Irish	<input type="checkbox"/>	Asian or Asian British: Chinese
<input type="checkbox"/>	White: Gypsy or Irish Traveller	<input type="checkbox"/>	Asian or Asian British: Other
<input type="checkbox"/>	White: Other	<input type="checkbox"/>	Black or Black British: African
<input type="checkbox"/>	Mixed: White and Black Caribbean	<input type="checkbox"/>	Black or Black British: Caribbean
<input type="checkbox"/>	Mixed: White and Black African	<input type="checkbox"/>	Black or Black British: Other
<input type="checkbox"/>	Mixed: White and Asian	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Mixed: Other/ Multiple Ethnic Background	<input type="checkbox"/>	Other
<input type="checkbox"/>	Asian or Asian British: Indian	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Asian or Asian British: Pakistani		

If other please specify: \_\_\_\_\_

### 4. Do you identify as a D/deaf or disabled person, or have a long-term health condition?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say

**Thank You**

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