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| **EQUAL OPPORTUNITIES MONITORING FORM** | A picture containing text  Description automatically generated |

Play Wales aims to be an equal opportunity organisation, and selects candidates solely on merit irrespective of race, age, colour, ethnic or national origins, marital status, gender, gender identity or gender expression, sexual orientation, disability, religion or beliefs. In order to monitor the effectiveness of our equal opportunities policy we ask all applicants to provide the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please tick one box only in each section  ETHNIC ORIGIN: I would describe my ethnic and cultural origin as: | | | | |
| WHITE | | MIXED / MUTIPLE ETHNIC GROUPS | | |
| English |  | Any other mixed background, please write in | |  |
| Welsh |  | White and Black Caribbean | |  |
| Scottish |  | White and Black African | |  |
| Northern Irish |  | White and Asian | |  |
| British |  | Prefer not to say | |  |
| Irish |  | Any other mixed background, please write in | |  |
| Gypsy or Irish Traveler |  | ASIAN / ASIAN BRITISH | | |
| European |  | Indian | |  |
| Prefer not to say |  | Pakistani | |  |
| Any other white background, please write in |  | Bangladeshi | |  |
|  |  | Chinese | |  |
|  |  | Prefer not to say | |  |
|  |  | Any other Asian background please write in | |  |
| BLACK / AFRICAN /CARIBBEAN / BLACK BRITISH | | ANY OTHER ETHIC GROUP NOT LISTED | | |
| African |  | Arab | |  |
| Caribbean |  | Prefer not to say | |  |
| Prefer not to say |  | Any other ethnic group please write in | |  |
| Any other Black / African / Caribbean background please write in |  |  | | |
| WELSH LANGUAGE: | | | | |
| Fluent in Welsh |  | | Can write Welsh |  |
| Can speak Welsh |  | | Do not communicate in Welsh |  |
| B. GE GGENDER | | | | |
| Male |  | | Female |  |
| I prefer to self-describe |  | | | |
| DATE OF BIRTH | | |  | |
| DISABILITY | | | | |
| Do you consider yourself to be disabled? | | | YES | NO |
| The Equality Act 2010 defines a disability as a ‘physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities’.  I hereby give my consent for the information contained in this form to be processed for monitoring purposes | | | | |
| Signed: | | Date: | | |