



ABANDON NORMAL DEVICES

Equal Opportunities Monitoring Form

To help Abandon Normal Devices in the implementation of their Equal Opportunities Policies and to measure our progress we would be grateful if you could fill in this form. This form is available in other formats on request. The completed form will be separated from your submission form and the information will be treated in confidence and will have no bearing on your application.

1 How did you hear of the call for entries?

AND Website / E-newsletter [] Arts Jobs [] Social Media []
E-mail list or Word of Mouth [] Other (please specify) _____

2 Gender

Female [] Male [] Prefer not to say []

Do you, or have you ever, identified as transgender¹?

Yes [] No [] Prefer not to say []

3 Sexual Orientation

Bisexual [] Gay man [] Gay woman/ lesbian []

Heterosexual / straight [] Prefer not to say []

4 Belief (Faith/ Religion)

No religion [X] Buddhist [] Christian [] Hindu [] Jewish [] Muslim []

Sikh [] Other [] specify if you wish _____ Prefer not to say []

5 How would you describe your ethnic origin*?

Other White Chinese African Asian or Asian

British Indian Pakistani Bangladeshi

Black or **Black British** Caribbean Any other Asian background

Any other Black background Any other ethnic minority group

*Ethnic Classification System recommended by the Commission for Racial Equality

6 What age group are you in?

Under 19 [] 19-26 [] 27-29 [] 30-39 [] 40-49 []

50-59 [] 60+[] Prefer not to say []

7 Are you a Disabled/ Deaf person?

Disabled [] Deaf [] Neither [] Prefer not to say []

¹ Transgender refers to people who identify as a different gender to the one which they were assigned at birth.