

## EQUALITY AND DIVERSITY MONITORING FORM

Liverpool's Royal Court is committed to ensuring that all applicants and members of staff are treated equally, without discrimination on the grounds of gender, sexual orientation, gender reassignment, race, colour, nationality, ethnic origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equity and diversity.

In order to enable us to regularly monitor and assess whether equal opportunity is being achieved, we ask you to complete this form.

This information is only for statistical monitoring.

<b>FIRST NAME</b> (optional)			
<b>SURNAME</b> (optional)			
<b>AGE</b>		<b>D.O.B.</b>	/ /

Please tick the boxes that relates to you;

<b>GENDER</b>	<b>FEMALE</b> (Including trans women)	<b>MALE</b> (Including trans men)	<b>NON-BINARY</b> (e.g. androgyne)	<b>Prefer not to say</b>

<b>DISABILITY</b>	Do you consider yourself to have a disability in accordance with the Equality Act 2010?			
	Identify as a deaf or disabled person, or have a long term health condition	Neuro-divergent	Non-Disabled	Prefer not to say

Please select the option that best describes your sexuality.

<b>Bisexual</b>	<b>Gay Man</b>	<b>Gay Woman/ Lesbian</b>	<b>Heterosexual</b>	<b>Asexual</b>	<b>Queer</b>	<b>Self-describe</b>	<b>Prefer not to say</b>

Please tick a box from the list below which best describes the ethnic group to which you belong.

- |   |   |
|---|---|
| <input type="checkbox"/> White British              | <input type="checkbox"/> White & Black Caribbean    |
| <input type="checkbox"/> White Irish                | <input type="checkbox"/> White & Black African      |
| <input type="checkbox"/> Gypsy or Irish Traveller   | <input type="checkbox"/> White & Asian              |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Indian                     | <input type="checkbox"/> Black African              |
| <input type="checkbox"/> Pakistani                  | <input type="checkbox"/> Black Caribbean            |
| <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Chinese                    | <input type="checkbox"/> Arab                       |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Latin American             |
| <input type="checkbox"/> Any other ethnic group     | <input type="checkbox"/> Prefer not to say          |
| <input type="checkbox"/> Not Known                  | <input type="checkbox"/> Self-describe _____        |