**Theatre Alibi   
Diversity and Inclusion Monitoring Form**

We value equality in everything we do, and take action to promote diversity, inclusivity and accessibility through the stories we tell, the audiences we create work for and the artists we collaborate with.

To help us ensure we are fulfilling our Diversity and Inclusion aims, we ask everyone who applies to work with us to fill out this monitoring form. It’s entirely voluntary, and you can always leave a question blank or tick ‘Prefer not to say’.

The form is also completely anonymous – it will be removed from your application before shortlisting. Anonymised statistical analysis of this data is reported to Arts Council England (ACE) and other funders. The categories used are those set by ACE.

Recruitment: General Manager (Maternity Cover)

**I identify my gender as *(please specify* *or tick ‘prefer not to say’)***

Prefer not to say

**Is your gender identity different to the sex you were assumed to be at birth?**

No Yes Prefer Not To Say

**Age** 16-19 20-34 35-49 50-64 65-74 74+

Prefer not to say

**What is your ethnic background or heritage?**

*Ethnic background or heritage is not about nationality, place of birth or citizenship. It is about the group with which you identify. Please tick the appropriate box*

**White** British Irish Gypsy or Irish Traveller

Any other White background

**Mixed Background /** White and Black Caribbean White and Black African

**Mixed Heritage**

White and Asian Any other Mixed background

**Asian / Asian British** Indian Pakistani Bangladeshi

Chinese Any other Asian background

**Black / Black British** African Caribbean

Any other Black background

**Other Backgrounds /** ArabLatin American

**Other Heritage**

Any other ethnic background / heritage

Please specify if you would like to:

**I prefer not to say**

**What is your sexual orientation?**

Heterosexual/straight Gay Man

Bisexual Gay Woman / Lesbian

Queer (Other Than Above) Prefer Not To Say

**Socio-Economic Background**

*Which description best fits the occupation of the main / highest income earner in your household when you were 14 years old?*

Modern professional Clerical and Intermediate Senior Managers

Occupations Occupationsand Administrators

Technical and Craft Semi-Routine Manual Routine manual

Occupations and Service Occupations and Service Occupations

Middle or Traditional Professional Retired

Junior Managers Occupations

Short-term Long-term Unemployed Not applicable

Unemployed

Other Don’t Know Prefer not to say

*Please specify:*

**Sensory Impairments, Additional Learning Needs, Disability, Long-term Health Conditions and Neurodiversity**

**No Yes Prefer Not To Say**

Do you identify as a D/deaf person?

Do you identify as having any sensory

impairment?

Do you identify as having any additional

learning needs?

Do you identify as a Disabled person?

Do you have any impairment or long-term

health condition(s) that have a substantial

and long term adverse effect on your ability

to perform normal day to day activities?

*This might include mental health conditions.*

Do you identify as Neurodiverse?

**Do you have any caring responsibilities?**

Primary carer of child / children Primary carer of child/children with a

*(under18)* sensory impairment, additional

learning needs, disability or long-

term health condition *(under18)*

Primary carer of an adult *(18+)* with a Primary carer of older person *(65+)*

additional learning needs, disability

or long-term health condition

Secondary carer Prefer not to say No caring responsibilities

**Thank you! Completing this form helps us with essential evaluation and reporting.**