

Baltic Street Adventure Playground

EQUAL OPPORTUNITIES MONITORING FORM

Baltic Street Adventure Playground is committed to their EDI policy and action plan. This includes not discriminating under the Equality Act 2010 which covers the following protected characteristics: Age, Disability, Race, Gender, Religion/belief, Sexual orientation, Transgender/gender reassignment, Pregnancy and maternity, Marriage /civil partnership.

In order to monitor this, we need your help by completing this form, however we would stress that answering the questions is voluntary, you may choose which (if any) you answer.

The information you provide will stay confidential and the information you provide will be anonymous. Data collected from this form will be provided to funders for statistical reporting, benchmarking and as evidence for policy making.

Please email separately to your CV and cover letter, with 'EOM Form – Confidential' in the subject line, to info@balticstreetadventureplay.co.uk.

Please indicate below how you identify yourself under the following categories?

1. Gender

How would you describe your gender identity? (e.g. female, male, non-binary, trans etc. If you prefer not to say, then please write 'prefer not to say')

2. Ethnicity

Which of the following best describes your ethnic group or background?

Prefer not to say	
White Scottish/White British	
Irish	
Gypsy/Traveller	
Polish	
White Other, please specify:	
Asian/Asian Scottish/Asian British	
Chinese/Chinese Scottish/Chinese British	
African/African Scottish /African British	
Caribbean/Caribbean Scottish/Caribbean British	
Black/Black Scottish/Black British	
Arab/Arab Scottish/Arab British	
Mixed or Multiple Ethnic Groups, please specify:	
Not listed, please specify:	

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3. Disability

Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?

Category	
Prefer not to say	
Non-disabled	
Visual Impairment	
Hearing impairment/Deaf	
Physical disabilities	
Cognitive or learning disabilities	
Mental health condition	
Other long term/chronic conditions	
Not listed, please specify:	

4. Age

How old are you?

Prefer not to say	
16-24 years	
25-44 years	
45-65 years	
65+ years	

5. Sexual orientation

Which of the following options best describes how you identify yourself?

Prefer not to say	
Heterosexual / Straight	
Gay / Lesbian	
Bisexual	
Not listed, please specify:	

6. Marriage/Civil Partnership

Are you married or in a civil partnership?

Prefer not to say	
Yes	
No	

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7. Religion and Belief

What is your religion?

Prefer not to say	
No religion	
Church of Scotland	
Roman Catholic	
Other Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Not listed, please specify:	