RIVERSIDESTUDIOS

EQUAL OPPORTUNITIES FORM

Riverside Trust is committed to meeting the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. We are committed to equal opportunities in our recruitment process and in order to find out how well we are doing with this we need to collect monitoring data. This monitoring form is voluntary but the information we collect here is very useful to us as it helps us to make sure that we are an inclusive employer and to ensure our workforce is diverse. The information you supply on this form will be kept confidential. The monitoring form is not sent to the recruiting panel and has no part in the shortlisting process.

Please return the completed form with your application. Gender Male Female Transgender Intersex □ Non-binary □ Prefer not to say \square If you prefer to use your own term, please specify here Are you married or in a civil partnership? Yes □ No □ Widowed Divorced Prefer not to say \square **Age** 16-24 □ 25-29 □ 30-34 □ 35-39 □ 40-44 \square 45-49 \square 50-54 55-59 \square 60-64 □ 65+ Prefer not to say What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box. White British

European

Other

Prefer not to say Any other white background, please write in: Mixed/multiple ethnic groups White and Black African

White and Asian White and Black Caribbean Asian/Asian British Indian Pakistani 🗆 Bangladeshi

Chinese

Prefer not to say Any other Asian background, please write in: Black/ African/ Caribbean/ Black British Caribbean

Prefer not to say Any other Black/African/Caribbean background, please write in:

Other ethnic group	
Arab Prefer not to	say Any other ethnic group, please write in:
	to have a disability or health condition? fer not to say \square
	pact of your disability or health condition on your ability to give your te in here:
• •	fines a disabled person as someone who has a physical or mental substantial and long-term adverse effect on their ability to carry out ities.
What is your sexual orien	tation?
•	//Lesbian
If other religion or belief, p What is your current work	• .
Full-time Part-	time - Prefer not to say -
None	onsibilities? If yes, please tick all that apply carer of a child/children (under 18) I child/children I adult (18 and over) Primary carer of older person Primary carer old
How did you find out abo	ut this post?
Riverside Studios website	
Riverside newsletter	
Online ad	
Social media Other (please state)	
out (product state)	