Royal Exchange Theatre

Equal Opportunities Form

1. What is your gender?

◯ Female ◯ Male ◯ Transgender ◯ Prefer not to say

◯ Other (please specify)

2. What is your gender?

◯ Female ◯ Male ◯ Transgender ◯ Prefer not to say

◯ Other (please specify)

3. Is this the same gender as you were assigned at birth?

◯ Yes ◯ No

4. How would you describe yourself? (you can mark more than one option)

- ☐ Asian British
- ☐ Asian Bangladeshi
- ☐ Asian Indian
- ☐ Asian Pakistani
- ☐ Any other Asian background (please specify below)
- ☐ Black British
- ☐ Black African
- ☐ Black Caribbean
- ☐ Any other black background (please specify below)
- ☐ East Asian British
- ☐ East Asian Chinese
- ☐ East Asian Japanese
- ☐ East Asian Korean
- ☐ South East Asian
- ☐ Any other East Asian background (please specify below)
- ☐ Other ethnic group (please specify below)
- ☐ Mixed Heritage (please specify below)
- ☐ White & Asian
- ☐ White & East Asian
- ☐ White & Black British
- ☐ White & Black African
- ☐ White & Black Caribbean
- ☐ White British
- ☐ White English
- ☐ White Scottish
- ☐ White Welsh
- ☐ Northern Irish
- ☐ Irish
- ☐ Any other white background (please specify below)
- ☐ Prefer not to say
- ☐ Other (please specify)

5. What is your sexual orientation?

- ◯ Bisexual
- ◯ Gay man
- ◯ Gay Woman/Lesbian
- ◯ Heterosexual/Straight
- ◯ Other
- ◯ Prefer not to say

6. Please confirm which of the following age brackets you fit into

- ◯ 0 - 19 years
- ◯ 20 - 29 years
- ◯ 30 - 39 years
- ◯ 40 - 49 years
- ◯ 50 - 59 years
- ◯ 60 - 69 years
- ◯ 70 - 79 years
- ◯ 80 - 89 years
- ◯ 90 - 99 years
- ◯ 100 + years
- ◯ Prefer not to say

7. What is your current relationship status?

- ◯ Married
- ◯ Civil Partnership
- ◯ Co-Habiting
- ◯ Single
- ◯ Divorced
- ◯ Widowed
- ◯ In a relationship
- ◯ Prefer not to say

8. What is your religion or belief system?

- ◯ Buddhist
- ◯ Christian
- ◯ Hindu
- ◯ Jew
- ◯ Muslim
- ◯ Sikh
- ◯ Other religion or belief (please specify below)
- ◯ No religion
- ◯ Atheist
- ◯ Agnostic
- ◯ Prefer not to say
- ◯ Other (please specify)

9. Do you consider yourself to have a disability or long term health condition?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

10. If you answered yes to Question 8, do you have any access requirements?

11. Do you have care responsibilities for any of the following?

- ◯ Dependent children
- ◯ Other dependents
- ◯ I have no care responsibilities
- ◯ Prefer not to say

12. If you answered yes to Question 10, please detail any challenges or barriers that you face in the workplace as a result of your care responsibilities?