**PackPack Theatre**

Equal Opportunities Form

Please complete this form and email it to [cabaret@packpacktheatre.co.uk](mailto:cabaret@packpacktheatre.co.uk) If you have any queries relating to anything on this form please email us.

The following questions are optional and are designed to support our monitoring of equality and diversity. Please indicate which answers apply to you.

**AGE**

Under 18: Yes/No

18-24: Yes/No

25-39: Yes/No

40-49: Yes/No

50-64: Yes/No

65+: Yes/No

Prefer not to say: Yes/No

**GENDER**

Female: Yes/No

Male: Yes/No

Non-Binary: Yes/No

Self-define:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say: Yes/No

**MARITAL STATUS**

Married: Yes/No

Single: Yes/No

Civil partnership: Yes/No

Prefer not to say: Yes/No

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEXUAL ORIENTATION**

Heterosexual/Straight: Yes/No

Gay Man: Yes/No

Gay Woman / Lesbian: Yes/No

Bisexual: Yes/No

Asexual: Yes/No

Pansexual: Yes/No

Self-define:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say: Yes/No

**ETHNICITY**

**Asian/Asian British:**

Indian: Yes/No

Pakistani: Yes/No

Bangladeshi: Yes/No

Chinese: Yes/No

Any other Asian background: Yes/No

**Black/Black British:**

African: Yes/No

Caribbean: Yes/No

Any other Black background: Yes/No

**Mixed or Multiple:**

White and Black Caribbean: Yes/No

White and Black African: Yes/No

White and Asian: Yes/No

Any other Mixed/Multiple ethnic background: Yes/No

**White:**

British: Yes/No

Irish: Yes/No

Gypsy or Irish traveller: Yes/No

Any other white background: Yes/No

**Other:**

Arab: Yes/No

Any other ethnic background: Yes/No

Prefer not to say: Yes/No

Not known: Yes/No

Self-Define: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGION**

Jewish: Yes/No

Buddhist: Yes/No

Muslim: Yes/No

Christian: Yes/No

Sikh: Yes/No

Hindu: Yes/No

No Religion: Yes/No

Spiritualist: Yes/No

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say: Yes/No

**DISABILITY**

An internationally recognised definition of disability is: *People with physical, mental or sensory disabilities, with hidden disabilities such as psoriasis, epilepsy, heart, chest conditions, people with disabilities linked to ageing, people suffering from a mental illness.*

Do you consider yourself to be disabled:

Yes No Prefer not to say