



Application Reference number. \_\_\_\_\_

## Diversity Monitoring Form

At the London Gay Men's Chorus (LGMC), we acknowledge that everyone is different. The diversity of our members, colleagues, trustees, partners and the communities we work in is reflected by their range of differences, qualities and needs.

We are committed to creating a organisation that reflects the society we live and work in. We are also committed to creating an inclusive culture that supports diversity and inclusion allowing all colleagues and members to bring their whole selves to work, rehearsals or performances, without fear.

We are proud to be an equal opportunities employer that values and respects the people who work for us.

We believe a diverse society is a strong society and, as such, we're committed to creating a workplace environment where everyone can be themselves and thrive. Our members come from all walks of life, so we welcome applications from individuals from all backgrounds and all different kinds of life experiences.

We want to make sure our recruitment processes are as inclusive as possible to everyone, so please let us know if we can make any adjustments during the application process to support those with a disability or long-term condition.

In order to assist us to monitor and evaluate the delivery of our vision we would appreciate it if you will complete this monitoring form by placing a ✓ in the appropriate box within each category. If you do not wish to complete any section of this form, please leave it blank.

This monitoring form will be detached from the application form prior to short listing. It will not be seen by those involved in the recruitment process, only your contact details will be passed on if you are being invited to an interview. The other information provided will be used for statistical purposes only to ensure that our recruitment processes uphold our commitment to equality of opportunity.

The LGMC is committed to protecting the privacy and security of your personal data. For further information please refer to our Privacy Notice which can be viewed here:

<https://www.lgmc.org.uk/privacy-policy/>

Please ensure that you include your contact details below; if you are successful at short-listing stage these details will be used to provide information regarding the next stage of the process.

<b>FULL NAME</b>	
<b>TITLE</b>	
<b>POST APPLIED FOR</b>	
<b>CONTACT TELEPHONE NUMBER</b>	
<b>CONTACT EMAIL ADDRESS</b>	
<b>POSTAL ADDRESS</b>	
<b>NATIONAL INSURANCE NUMBER</b>	

**Thank you for assisting us by completing the Questionnaire**



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Have you ever been convicted of an offence by a court? (This is a mandatory question) YES  NO

**NB – If under the rehabilitation of Offenders Act 1974, your past conviction is regarded as spent, tick NO.** (If YES, please give details)

Have you spent a significant period (6 months in past 3 years) of time spent abroad? YES  NO

If yes, please provide details:

Are you related to any current LGMC employees or board members? YES  NO

If yes, please supply the name and position:

<b>Name and Position</b>	
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### GENDER IDENTITY

What is your gender identity? Please tick the appropriate box.

Male (including trans male)	<input type="checkbox"/>	Female (including trans female)	<input type="checkbox"/>	Non binary	<input type="checkbox"/>	Other	<input type="checkbox"/>
If Other, please specify:							

Is your gender identity the same as assigned to you at birth?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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### AGE

What is your age? Please tick the appropriate box.

16 – 24	<input type="checkbox"/>	35 – 39	<input type="checkbox"/>	50 – 54	<input type="checkbox"/>
25 – 29	<input type="checkbox"/>	40 - 44	<input type="checkbox"/>	55 – 59	<input type="checkbox"/>
30 – 34	<input type="checkbox"/>	45 - 49	<input type="checkbox"/>	60 – 64	<input type="checkbox"/>
65+	<input type="checkbox"/>				

### MARITAL STATUS

Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Married	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	Dissolved civil partnership	<input type="checkbox"/>
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### ETHNIC GROUP

Which category best describes your ethnicity? Please tick the appropriate box to indicate your ethnic background.

<i>White</i>	British	<input type="checkbox"/>	<i>Black or Black British</i>	Caribbean	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		African	<input type="checkbox"/>
	Other white background	<input type="checkbox"/>		Other black background	<input type="checkbox"/>
<i>Mixed</i>	White & Black Caribbean	<input type="checkbox"/>	<i>Asian or Asian British</i>	Indian	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>		Bangladeshi	<input type="checkbox"/>
	Other mixed background	<input type="checkbox"/>		Other Asian background	<input type="checkbox"/>
<i>Chinese</i>		<input type="checkbox"/>	<i>Other ethnic group, please specify:</i>		<input type="checkbox"/>
<i>Prefer not to say</i>		<input type="checkbox"/>			

### DISABILITY

Do you consider yourself to have a disability or impairment that has (or would have without treatment) a long term adverse effect on your ability to carry out one or more day to day activities?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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If Yes, please indicate the nature of your disability:-

Mobility/Manual Dexterity	<input type="checkbox"/>	Mental Health / Cognitive Impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

If other, please give further information:

If yes, please advise of any reasonable adjustments you require for the purposes of the recruitment exercise:

### SEXUAL ORIENTATION

Which of the following options best describes your sexual orientation?

Heterosexual	<input type="checkbox"/>	Bi-sexual	<input type="checkbox"/>	Questioning/Unsure	<input type="checkbox"/>	Asexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	If Other, please specify:	<input type="checkbox"/>

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### RELIGION OR BELIEF

Which category best describes your religion or belief? Please tick the appropriate box.

Atheist	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Other	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
If Other, please specify:									

### CARING RESPONSIBILITIES

Do you currently have caring responsibilities?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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If yes, please indicate the nature of your main caring responsibilities?

Child or minor dependant	<input type="checkbox"/>	Partner – marriage/civil	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Sibling/brother or sister	<input type="checkbox"/>	Partner - Other	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

If other, please give further information:

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Thank you for assisting us by completing the Questionnaire