

# Making Space Equalities Monitoring Form

Making Space is committed to equal opportunities. Please complete and return this form with your application to help us insure that we are complying with our code of conduct. This information is confidential and will in no way effect your application

Name

Date of Birth

Which ethnic group do you most identify with?

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| White British        | Black British        | Asian British        | Mixed British        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| White Other          | Black Other          | Asian Other          | Mixed Other          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Do you consider yourself to have a disability?

|                      |                      |
|----------------------|----------------------|
| Yes                  | No                   |
| <input type="text"/> | <input type="text"/> |

If yes, please specify

Do you have any access needs?

|                      |                      |
|----------------------|----------------------|
| Yes                  | No                   |
| <input type="text"/> | <input type="text"/> |

If yes, please specify