

# BYMT Recruitment Monitoring

Date of Birth			
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Bromley Youth Music Trust is committed to Equal Opportunities. The aim of its policy is to ensure that no applicant is treated unfairly on the grounds of age, colour, national origins, nationality, race, disability, family commitments, gender, marital status, membership or otherwise of a trade union, religion, or sexual orientation.

## About You

To make sure we are providing fair services to all of Bromley's communities, it is important that we ask you a few questions about yourself. You are under no obligation to provide the information requested, but it would help us greatly if you did. The information will be used to help us plan services that meet the needs of all its users. Your responses will be kept confidential and any information published will be made anonymous. No information that can identify you, your home or your household will be passed to any other organisations without asking you first.

## Personal Details

Surname

First Name/s

### Gender

- Male       Female       Non-Binary       Other       Prefer not to say

### Sexual Orientation

- Heterosexual/straight       Gay or lesbian (homosexual)       Bisexual       Other       Prefer not to say

### Are you currently pregnant or on maternity leave?

- Yes       No

### Religion, faith or belief

- Atheist       Buddhist       Christian       Hindu       Jewish  
 Muslim       Sikh       No religion       Other       Prefer not to say

### Ethnic Group – Please tick one box (or write in one box if appropriate)

**(a) Asian or Asian British**

- Bangladeshi  
 Chinese  
 Indian  
 Pakistani

Asian other (please write in)

**(b) Black or Black British**

- African  
 Caribbean

Black other (please write in)

**(c) Mixed**

- White and Asian  
 White and Black African  
 White and Black Caribbean

Mixed other (please write in)

- | (d) White                                 | (e) Other                      | (f) Prefer not to say                      |
|---|--------------------------------|--|
| <input type="checkbox"/> British          | <input type="checkbox"/> Arab  | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> European         | <input type="checkbox"/> Other |  |
| <input type="checkbox"/> Irish            |                                |  |
| <input type="checkbox"/> Romany/Traveller |                                |  |
| White other (please write in)             |                                |  |
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## Disability

To help you decide whether you have disability as defined under the Disability Discrimination Act 1995 please read the following information:

A disability is defined as 'a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal daytoday activities'.

The effect an impairment may have on day-to-day activities is defined in the Act as falling within the following categories:

- (1) mobility;
- (2) manual dexterity;
- (3) physical co-ordination;
- (4) continence;
- (5) ability to lift, carry or otherwise move everyday objects;
- (6) speech, hearing or eyesight;
- (7) memory or ability to concentrate, learn or understand; or
- (8) perception of the risk of physical danger.

Having considered the above information, please tick the appropriate box and indicate the category of impairment, which applies to your disability.

### Please tick one of the following as defined by the Disability Discrimination Act 1995

- I do consider myself to have a disability
- I do not consider myself to have a disability
- I decline to self classify as to whether I consider I have a disability

### Age – Which age group applies to you?

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 35 – 44 |
| <input type="checkbox"/> 45 – 54 | <input type="checkbox"/> 55 – 64 | <input type="checkbox"/> 65 – 74 |
| <input type="checkbox"/> 75 +    |                                  |                                  |

### Advertising Response – Please indicate how you became aware of the post by ticking the appropriate box.

- |  |   |
|--|---|
| <input type="checkbox"/> Social Media (please specify _____) | <input type="checkbox"/> BYMT website                 |
| <input type="checkbox"/> Friend/relative                     | <input type="checkbox"/> Other (please specify _____) |