



Diversity and Equal Opportunities Monitoring Form

PiPeLine Production Academies Ltd is committed to diversity and equal opportunities for all, including staff, students, volunteers, visitors, and partnered organisations. This means that we will treat all applicants, employees, and students fairly and equally irrespective of ethnic origin, gender, sexual orientation, age, religion or ability.

Some questions on this form may feel personal but the information we collect will be kept confidential and secure in line with regulations. We collect this information to monitor the effectiveness of our Equality and Equal Opportunities policy and to improve the services we deliver.

Please answer the questions below by ticking the boxes that you feel most describe you.

(If you feel that you do not want to answer a question, please leave it blank.)

Gender Identity	Age Group	Sexual Orientation
<input type="checkbox"/> Male (incl. trans male) <input type="checkbox"/> Female (incl. trans fem) <input type="checkbox"/> Non-binary <input type="checkbox"/> Other Is your gender identity the same as the gender you were assigned with at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> 16 and under <input type="checkbox"/> 17 - 20 <input type="checkbox"/> 21 - 30 <input type="checkbox"/> 31 - 40 <input type="checkbox"/> 41 - 50 <input type="checkbox"/> 51 - 60 <input type="checkbox"/> 60+	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Asexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify) <div style="background-color: #fce4d6; height: 20px; width: 100%;"></div>
Ethnic Origin		
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other European <input type="checkbox"/> Other (please specify)	Asian <input type="checkbox"/> Asian British <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Other (please specify)	
Arab or Middle Eastern Descent <input type="checkbox"/> Arab <input type="checkbox"/> Iraqi <input type="checkbox"/> North African <input type="checkbox"/> Kurdish <input type="checkbox"/> Other (please specify)	Black <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Black British <input type="checkbox"/> Other (please specify)	

Further categories on the next page...



Ethnic Origin continued...	
Mixed Heritage	
<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other (please specify)	

Are you a British Citizen?	Are you a national in another country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EU National <input type="checkbox"/> Other (please specify)

Disability and Fair Access	
Under the Equality Act 2010 a disability is described as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.	
Do you consider yourself to have a disability/impairment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you have answered yes please tick the box below that best describes your impairment. This information will help us to improve access and remove any potential barriers to our service.	
<input type="checkbox"/> Communication, e.g. speech <input type="checkbox"/> Hearing, e.g. mild to profound deafness <input type="checkbox"/> Visual, e.g. blind or partially sighted <input type="checkbox"/> Mobility, e.g. physical, walking etc. <input type="checkbox"/> Long term illness or health condition, e.g. Cancer, HIV, Diabetes	<input type="checkbox"/> Learning, e.g. Downs Syndrome <input type="checkbox"/> Developmental, e.g. Dyslexia <input type="checkbox"/> Impaired Memory, e.g. Dementia <input type="checkbox"/> Mental Ill Health, e.g. Schizophrenia <input type="checkbox"/> Other (please specify)

Faith/Belief/Religion	
<input type="checkbox"/> Hinduism <input type="checkbox"/> Buddhism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Humanism <input type="checkbox"/> Baha'i <input type="checkbox"/> Atheism/None <input type="checkbox"/> Other (please specify)



Please use the space below to inform us of any other considerations you would like us to know.

Personal Data

Please sign the form below to give consent to this information being stored under the Data Protection Act 1998. This information will be kept **strictly confidential** and is only used to monitor our effectiveness in implementing our Equality & Diversity policy.

Signed _____ Full Name _____

Student/Employee/Contractor/Volunteer (Please delete as appropriate)