The Crescent Arts Centre is committed to ensuring that no applicant is discriminated against on the grounds of sex, marital or parental status, religious or political beliefs, colour, race, ethnic origins, sexual orientation, age, disability or any other criterion not relevant to their prospective participation.

In order to monitor the implementation of our policy we ask you to answer the following questions. This information will not be used during the registration process and will be separated from personal details on receipt and securely stored. It will be treated as strictly confidential and used for statistical monitoring by The Crescent Arts Centre and its primary stakeholders the Arts Council of Northern Ireland and Belfast City Council.

For information on when and why we collect your personal information, how we use it, the limited conditions under which we may disclose it to others and how we keep it secure please visit: [CrescentArts.org/privacy](https://crescentarts.org/privacy)

| **Personal Details**  |
| --- |
| Date of Birth  |       |  |  |  |  |  |  |  |
| Gender  | [ ]  Male |  | [ ]  Female |  | [ ]  Other | [ ]  Prefer not to say |
| **Ethnicity** |
| To which group do you belong? |
| White | [ ]  | Pakistani | [ ]  |
| Indian  | [ ]  | Black Caribbean | [ ]  |
| Chinese | [ ]  | Black-African | [ ]  |
| Bangladeshi | [ ]  | Irish Traveller | [ ]  |
| **Other** (please specify) |       |  |
| **Disability** |
| Do you consider yourself disabled? |
| [ ]  Yes | [ ]  | No |  |
| If yes, please state the nature of your disability:      |
| Health: Do you consider you have a long-term health condition? |
| [ ]  Yes  | [ ]  No |  |
| If yes, please state the nature of your health condition:      |
| **Community Background:** |
| Regardless of whether they actually practice a religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities. Please indicate the community to which you belong by ticking the appropriate box below: |
| I am a member of the Protestant community: | [ ]  |
| I am a member of the Roman Catholic community: | [ ]  |
| I am a member of neither the Roman Catholic community nor the Protestant community: | [ ]  |
| **By emailing this form I confirm the above information to be true.** |
| Date: |       |