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 (Please Specify) | | | |  | | | | |
| Is the gender you identify with the same as your sex registered at birth? | | Yes | | |  | No | | | | |  | Prefer not to say | | | | | | |  | |
| **Ethnicity** | | | | | | | | | | | | | | | | |
| To which group do you belong? | | | | | | | | | | | | | | | | |
| White | | |  | Pakistani | | | | | | Roma | | | | | | |
| Indian | | |  | Black Caribbean | | | | | | Filipino | | | | | | |
| Chinese | | |  | Black-African | | | | | | Black other | | | | | | |
| Bangladeshi | | |  | Irish Traveller | | | | | |
| **Mixed Ethnic Group**  (please specify) | | | **Any Other Ethnic Group**  (please specify) | | | | | | |  | | | | | | |  | | |
| **Prefer not to say** | | | | |  | | | | | | | | | | | |  | | | |
| **Disability** | | | | | | | | | | | | | | | | |
| In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out day-to-day activities.  Under this definition, do you consider yourself as having a disability? | | | | | | | | | | | | | | | | |
| Yes | | |  | No | | | | | | Prefer not to say | | | | | | |
| If yes, please indicate which type of impairment(s) applies to you. (Please tick all that apply) | | | | | | | | | | | | | | | | |
| Physical Impairment, e.g. difficulty using arms or requiring a wheelchair. | | | | | | | | | | | | | | | | | | | | |
| Sensory Impairment, such as blind/sight loss or deaf/hearing loss. | | | | | | | | | | | | | | | | | | | | |
| Mental health condition, e.g. Depression or Schizophrenia; Autism Spectrum Disorder; Dyslexia;  Cognitive Impairment or Learning disability. | | | | | | | | | | | | | | | | | | | | |
| Long-standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy. | | | | | | | | | | | | | | | | | | | | |
| Other (please specify) | | | | | | | | | | | | | | | | | | | | |
| Prefer not to say. | | | | | | | | | | | | | | | | | | | | |
| **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 neither a member of the Protestant or Roman Catholic community | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| *If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.* | | | | | | | | | | | | | | | |

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| --- |
| **Sexual Orientation** |

How would you describe your Sexual Orientation?

|  |  |  |  |
| --- | --- | --- | --- |
| Asexual |  | Bisexual | Gay |
| Heterosexual |  | Lesbian | Pansexual |
| Questioning |  | Prefer not to say |  |
| Prefer to self-describe, please say how: | | | |
| *By returning this form I confirm the above information to be true:* | | | |