**North East Screen**

**Equal Opportunities Monitoring**

We are committed to pursuing equality of opportunity; monitoring applicants and participants is one way of helping to ensure that there is no discrimination in the way applications are assessed.

**Notes**

**For sole traders:**

Please complete the following information for yourself as an individual with a number ‘1’.

**For organisations only:**

The following information should be self-assessed. Please give your colleagues the opportunity to select the description which best applies. It is suggested that this form is photocopied and circulated, and the results collated into single numbers for each section.

**Ethnic Monitoring Category:**

This checklist contains the standard ethnic monitoring categories provided by the Commission for Racial Equality and included in the 2011 Census.

1. **Of the people in your business, including yourself, how many are:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or British Asian** | **Number** |  | **Number** |
| **Bangladeshi** |  | **Chinese** |  |
| **Indian** |  | **Pakistani** |  |
| Any other Asian background please state | |  |  |
| **Black or British Black** |  |  |  |
| **Caribbean** |  | **African** |  |
| Any other black background please state | |  |  |
| **Mixed** | | | |
| **White and Asian** |  | **White and black Caribbean** |  |
| **White and black African** |  |  |  |
| Any other mixed background please state | | | |
| **White 5** | | | |
| **British** |  | **Irish** |  |
| Any other white background please state | |  |  |
| Any other background please state | |  | |
| Prefer not to say | |  | |

1. **Of the people in your business, including yourself, has anyone declared a disability under the Disability Discrimination Act: Defined as a ‘physical or mental impairment which has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities’.**

NO YES

(please indicate the below number who have)

|  |  |  |  |
| --- | --- | --- | --- |
| Hearing Impairments |  | Mental Disability |  |
| Visual Impairments |  | Physical Impairments |  |
| Other (please specify) |  |  |  |
| Prefer not to say |  | | |

1. **Of the people in your business, how many are**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexuality** | **Number** | **Age** | **Number** |
| Male |  | Age 16-24 |  |
| Female |  | Age 25-29 |  |
| Prefer to self-describe | | Age 30-34 |  |
|  | | Age 35-39 |  |
| Age 40-44 |  |
| Age 45-49 |  |
| Age 50-54 |  |
| Age 55-59 |  |
| Prefer not to say | | Age 55-59 |  |
|  | | Age 60-64 |  |
| Age 65-plus |  |
| Prefer not to say |  |



Data Protection Act 2018

The information on this form will be processed by North East Screen. By proceeding to complete and submit this form, you consent that we may process the personal data (including sensitive personal data) that we collect from you, and use the information you provide to us, in accordance with our Privacy Policy. In addition, North East Screen are required to retain data. Your details will be stored securely and retained in compliance with GDPR and the Data Protection Act 2018. This information will be used to evaluate this project and to report to the European Regional Development Fund for monitoring and evaluation purposes. North East Screen will not keep your personal data for longer than it needs but as a minimum, will retain data for two years after the closure of the 2014-2020 ERDF programme to ensure reporting obligations are met and to demonstrate compliance with EU Requirements.