**LEISURE & CULTURE DUNDEE: EQUAL OPPORTUNITIES - CONFIDENTIAL**

**This section of the application form will be detached from your application and will be used for monitoring purposes only.**

Leisure & Culture Dundee is committed to promoting equality and eliminating unlawful discrimination. We seek to achieve diversity in the membership of our Trustees of Leisure & Culture Dundee by ensuring that no applicant receives less favorable treatment on grounds of (but not limited to) sex, race, colour, religion, marital status, sexuality, age, ethnic origin, or disability, or is placed at a disadvantage by conditions or requirements that cannot be shown to be justifiable.

|  |
| --- |
| **\* Community status: (please tick each box that applies to you)**  |
| [ ]  Parent [ ]  Carer [ ]  Student [ ]  Full-time employee [ ]  Part-time employee [ ]  Retired [ ]  Unemployed [ ]  Unable to work due to health reasons [ ]  Voluntary Worker [ ]  Self-employed [ ]  Other, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **\* Age** | [ ]  Under 18 [ ]  18–35 [ ]  36–50 [ ]  51–65 [ ]  Over 65 [ ]  I do not wish to disclose this  |
| **\* Gender** | [ ]  Male [ ]  Female [ ]  I do not wish to disclose this |

|  |
| --- |
| **\* I would describe my ethnic origin as:** |
| [ ]  Asian or Asian British [ ]  Black or Black British [ ]  Mixed race [ ]  White British [ ]  White other [ ]  Other ethnic group, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  I do not wish to disclose this |

|  |
| --- |
| **\* Please select the option which best describes your sexuality.** |
| [ ]  Lesbian [ ]  Gay [ ]  Bi-sexual [ ]  Heterosexual [ ]  I do not wish to disclose this |

|  |
| --- |
| **\* Religion or belief:** |
| Do you have a religion or belief? [ ]  Yes [ ]  No [ ]  I do not wish to disclose thisIf yes please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **\* Do you consider yourself to**  **have a disability?** | [ ]  Yes [ ]  No [ ]  I do not wish to disclose this information |