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# INCLUSION MONITORING FORM - CREATIVITY BOARD

Please return this form to [createnortheastlincolnshire@nelincs.gov.uk](mailto:createnortheastlincolnshire@nelincs.gov.uk) with your CV and cover letter or video/audio of up to 5 minutes.

Please help us monitor our ambition to improve access, inclusion and underrepresentation for North East Lincolnshire’s creative and heritage workforce, audiences and cultural leadership. The information we collect will be kept confidential and secure in accordance with the Data Protection Act and we will not use this information to assess your application.

|  |  |
| --- | --- |
| **1. Age** | **Please tick** |
| 18 - 24 |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65 - 74 |  |
| 75 - 84 |  |
| 85+ |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **2. Long term health and disability\***  Does your health or disability prevent you from doing things you want to, need to or have to? | **Please tick** |
| Yes, limited a lot |  |
| Yes, limited a little |  |
| No |  |
| Prefer not to say |  |

\*Disability or health issues are those which have lasted, or are expected to last, at least 12 months, and include problems relating to old age.

|  |  |
| --- | --- |
| **3. Gender identity** | **Please tick** |
| Male |  |
| Female |  |
| Other |  |
| Prefer not to say |  |

|  |  |  |
| --- | --- | --- |
| **4. Race, ethnic or cultural origin** | | **Please tick** |
|  | White English/Welsh/Scottish/Northern Irish/British |  |
| White Irish |  |
| White Gypsy or Irish Traveller |  |
| Other white background |  |
|  | White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other mixed/multiple ethnic background |  |
|  | Asian/Asian British Indian |  |
| Asian/Asian British Pakistani |  |
| Asian/Asian British Bangladeshi |  |
| Asian/Asian British Chinese |  |
| Any other Asian/ Asian British background |  |
|  | Black African |  |
| Black Caribbean |  |
| Any other Black/African/Caribbean background |  |
|  | Prefer not to say |  |

|  |  |
| --- | --- |
| **5. Sexual orientation** | **Please tick** |
| Bi-sexual |  |
| Gay man |  |
| Gay woman or lesbian |  |
| Heterosexual or Straight |  |
| Other |  |
| Prefer not to say |  |

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| **5. Occupation and social mobility** | **Occupation of main household earner when you were aged 14** | **Occupation of main household earner now** |
| Modern professional and traditional professional occupations such as: teacher, nurse, physiotherapist, social worker, musician, police officer (sergeant or above), software designer, accountant, solicitor, medical practitioner, scientist, civil or mechanical engineer. |  |  |
| Senior, middle or junior managers or administrators such as: finance manager, chief executive, large business owner, office manager, retail manager, bank manager, restaurant manager, warehouse manager. |  |  |
| Clerical and intermediate occupations such as: secretary, personal assistant, call centre agent, clerical worker, nursery nurse. |  |  |
| Technical and craft occupations such as: motor mechanic, plumber, printer, electrician, gardener, train driver. |  |  |
| Routine, semi-routine manual and service occupations such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, sales assistant, HGV driver, cleaner, porter, packer, labourer, waiter or waitress, bar staff. |  |  |
| Long-term unemployed (claimed Jobseeker’s Allowance or earlier unemployment benefit for more than a year) |  |  |
| Small business owners who employed less than 25 people such as: corner shop owners, small plumbing companies, retail shop owner, single restaurant or cafe owner, taxi owner, garage owner |  |  |
| Other such as: retired, this question does not apply to me, I don’t know |  |  |
| I prefer not to say |  |  |

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| Please share any access needs, or barriers that may impact your ability to participate in the board. We will support board members as much as possible to get the most from this opportunity. |

## DECLARATION

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| --- | --- |
| I agree to NELC terms and conditions | Choose an item. |
| I confirm the information supplied is true and correct | Choose an item. |
| Signature |  |
| Name |  |
| Date |  |