

Equality and Diversity Monitoring Form

Literature Wales aims to provide fair and equal access to all its activities. This questionnaire will help us monitor the effectiveness of our Equality Policies, and how we are complying with the 2010 Equality Act. Completion of this anonymous form is voluntary. Please return all completed forms to Literature Wales.

1. What is your gender?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Other (please specify): |

2. What is your age?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 50-54 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 55-59 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 65 or over |
| <input type="checkbox"/> 40-44 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 45-49 | |

3a. What is your nationality?

- | | |
|---|--|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> British or Mixed British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> English | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Other (please specify): |

3b. What is your ethnic group?

Please tick one box.

White

- Any White background

Mixed/Multiple Ethnic Groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Mixed/Multiple Ethnic Groups Other (please specify):

Asian

- Indian
 Pakistani
 Bangladeshi

- Chinese

- Asian Other (please specify):

Black

- African
 Caribbean
 Black Other (please specify):

Other Ethnic Group

- Arab
 Gypsy or Irish Traveller
 Any other ethnic group (please specify):

 Prefer not to say to all of the above

Please turn over

5. Do you have any long-standing physical or mental health condition, illness, impairment or disability?

(i.e. has lasted or is expected to last at least 12 months and adverse effect on your ability to carry out normal day-to-day activities.)

- Yes Prefer not to say
 No

6. Languages

Please rate your level of fluency (1 least fluent – 4 most fluent)

Can you understand, speak, read and / or write Welsh?

1 2 3 4

Can you understand, speak, read and / or write English?

1 2 3 4

Please state any other languages you can understand, speak, read and/or write:

7a. Are you?

Please tick all that apply.

- In full time employment Not in employment
 In part-time employment Prefer not to say
 Self-employed Other (please specify):

7b. If not in employment, are you?

- Studying Receiving one or more Benefits or Allowances*
 Retired Prefer not to say
 A stay at home parent Other (please specify):
 Unable to work due to an illness or disability Not Applicable

(Including Universal Credit, Carers Allowance, PIP, University or College Hardship Fund **but excluding non means tested Allowances)*

8. Would you say your annual household income is:

(including benefits/allowances)

- Higher than average Not Applicable
 Around average Prefer not to say
 Lower than average

9. What is your postcode?

10. Where did you hear about this opportunity?