At the London Gay Men’s Chorus (LGMC), we acknowledge that everyone is different. The diversity of our members, colleagues, trustees, partners, and the communities we work in is reflected by their range of differences, qualities, and needs.

We are committed to creating an organisation that reflects the society in which we live and work. We are also committed to creating an inclusive culture that supports diversity and inclusion allowing all colleagues and members to bring their whole selves to work, rehearsals or performances, without fear.

We are proud to be an equal opportunities employer that values and respects the people who work for us.

We believe a diverse society is a strong society and, as such, we’re committed to creating a workplace environment where everyone can be themselves and thrive. Our members come from all walks of life, so we welcome applications from individuals from all backgrounds and all different kinds of life experiences.

We want to make sure our recruitment processes are as inclusive as possible to everyone, so please let us know if we can make any adjustments during the application process to support those with a disability or long-term condition.

To assist us to monitor and evaluate the delivery of our vision we would appreciate it if you will complete this monitoring form by placing a √ in the appropriate box within each category. If you do not wish to complete any section of this form, please leave it blank.

This monitoring form will be detached from the application form prior to short listing. It will not be seen by those involved in the recruitment process, only your contact details will be passed on if you are being invited to an interview. The other information provided will be used for statistical purposes only to ensure that our recruitment processes uphold our commitment to equality of opportunity.

The LGMC is committed to protecting the privacy and security of your personal data. For further information please refer to our Privacy Notice which can be viewed here:

<https://www.lgmc.org.uk/privacy-policy/>

Please ensure that you include your contact details below; if you are successful at short-listing stage these details will be used to provide information regarding the next stage of the process.

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **TITLE** |  |
| **POST APPLIED FOR** |  |
| **CONTACT TELEPHONE NUMBER** |  |
| **CONTACT EMAIL ADDRESS** |  |
| **POSTAL ADDRESS** |  |
| **NATIONAL INSURANCE NUMBER** |  |

Have you ever been convicted of an offence by a court? (This is a mandatory question) YES [ ]  NO [ ]

**NB – If under the rehabilitation of Offenders Act 1974, your past conviction is regarded as spent, tick NO.** (If YES, please give details)

|  |
| --- |
|  |

Have you spent a significant period (6 months in past 3 years) of time spent abroad? YES [ ]  NO [ ]

|  |
| --- |
| If yes, please provide details:  |

Are you related to any current LGMC employees or board members? YES ☐ NO ☐

If yes, please supply the name and position:

|  |  |
| --- | --- |
| **Name and Position** |  |

**GENDER IDENTITY**

 What is your gender identity? Please tick the appropriate box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male (including trans male) | [ ]  | Female (including trans female) | [ ]  | Non binary | [ ]  | Other | [ ]  |
| If Other, please specify: |  |

Is your gender identity the same as assigned to you at birth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Prefer not to say | [ ]  |

**AGE**

What is your age? Please tick the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16 – 24 | [ ]  | 35 – 39 | [ ]  | 50 – 54 | [ ]  |
| 25 – 29 | [ ]  | 40 - 44 | [ ]  | 55 – 59 | [ ]  |
| 30 – 34 | [ ]  | 45 - 49 | [ ]  | 60 – 64 | [ ]  |
| 65+ | [ ]  |  |

**MARITAL STATUS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Single | [ ]  | Divorced | [ ]  | Widowed | [ ]  | Married | [ ]  | Civil Partnership | [ ]  | Dissolved civil partnership | [ ]  |

**ETHNIC GROUP**

Which category best describes your ethnicity? Please tick the appropriate box to indicate your ethnic background.

| *White* | British | [ ]  |  | *Black or**Black British* | Caribbean | [ ]  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Irish | [ ]  |  |  | African | [ ]  |
|  | Other white background | [ ]  |  |  | Other black background | [ ]  |
|  |
| *Mixed* | White & Black Caribbean | [ ]  |  | *Asian or**Asian British* | Indian | [ ]  |
|  | White & Black African | [ ]  |  |  | Pakistani | [ ]  |
|  | White & Asian | [ ]  |  |  | Bangladeshi | [ ]  |
|  | Other mixed background | [ ]  |  |  | Other Asian background | [ ]  |
|  |
| *Chinese* | [ ]  |  | *Other ethnic group, please specify:* | [ ]  |
| *Prefer not to say* | [ ]  |

**DISABILITY**

Do you consider yourself to have a disability or impairment that has (or would have without treatment) a long-term adverse effect on your ability to carry out one or more day to day activities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Prefer not to say | [ ]  |

If Yes, please indicate the nature of your disability:

|  |  |  |  |
| --- | --- | --- | --- |
| Mobility/Manual Dexterity | [ ]  | Mental Health / Cognitive Impairment | [ ]  |
| Visual Impairment | [ ]  | Dyslexia | [ ]  |
| Hearing Impairment | [ ]  | Other (please specify below) | [ ]  |

If other, please give further information:

|  |
| --- |
|  |

If yes, please advise of any reasonable adjustments you require for the purposes of the recruitment exercise:

|  |
| --- |
|  |

**SEXUAL ORIENTATION**

Which of the following options best describes your sexual orientation?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual | [ ]  | Bi-sexual | [ ]  | Questioning/Unsure | [ ]  | Asexual | [ ]  |
| Gay | [ ]  | Lesbian | [ ]  | Prefer not to say | [ ]  | If Other, please specify: | [ ]  |

**RELIGION OR BELIEF**

Which category best describes your religion or belief? Please tick the appropriate box.

| Atheist | [ ]  | Buddhist | [ ]  | Christian | [ ]  | Hindu | [ ]  | No Religion | [ ]  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Judaism | [ ]  | Muslim | [ ]  | Other | [ ]  | Sikh | [ ]  | Prefer not to say | [ ]  |
| If Other, please specify: |

**CARING RESPONSIBILITIES**

Do you currently have caring responsibilities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Prefer not to say | [ ]  |

If yes, please indicate the nature of your main caring responsibilities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child or minor dependant | [ ]  | Partner – marriage/civil | [ ]  | Parent | [ ]  |
| Sibling/brother or sister | [ ]  | Partner - Other | [ ]  | Other (please specify) | [ ]  |

If other, please give further information:

|  |
| --- |
|  |