***Equal Opportunities Form***

To help Box of Tricks in the implementation of our Equal Opportunities Policy, we would be grateful if you could complete and return this form with your application. Your information will be kept confidential and the completed form will have no bearing on your application.

1. **Role applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Gender**

 Female 🞎 Male 🞎 Other 🞎

1. **How would you describe your ethnic origin?**

 African 🞎 UK or Irish 🞎

 Asian 🞎 Other European 🞎

 Caribbean 🞎 Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What age are you? \_\_\_\_\_\_\_\_\_\_**
2. **Do you have a disability?**

 Yes 🞎 No 🞎 Prefer not to say 🞎