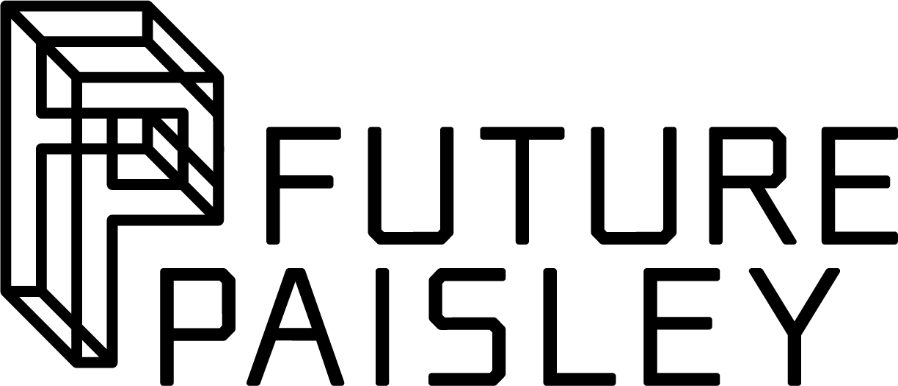
**Culture Heritage and Events Fund (CHEF)**

Round 13

**Equalities Monitoring Form**

This form should be completed by applicants to Round 13 of the Culture, Heritage and Events Fund. Please include your completed form as an attachment to your application.

The information you provide will help us to monitor the types of applications we receive, in relation to protected characteristics in the 2010 Equality Act.

The information you provide is confidential and not personally attributable. It will be stored anonymously and separately to your application. This information will be used for monitoring purposes only. It does not relate to our assessment of your application and will have no bearing on the outcome of your application.

For further information please visit <https://www.renfrewshire.gov.uk/CHEF> or email [chef-enquiries@renfrewshire.gov.uk](mailto:chef-enquiries@renfrewshire.gov.uk)

|  |
| --- |
| **If you are applying as an organisation, please complete Section A below only**  **If you are applying as an individual, please complete Section B below only** |

**Section A: Please complete this section only if you are applying as an organisation**

**Age**

Please indicate the number of board members, staff and volunteers in the following age groups, or state if not known or prefer not to say:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board members** | **Staff** | **Volunteers** |
| **18-24 years** |  |  |  |
| **25-49 years** |  |  |  |
| **50-64 years** |  |  |  |
| **65+ years** |  |  |  |
| **Not known** |  |  |  |
| **Prefer not to say** |  |  |  |

**Disability**

Please indicate how many of your board members, staff and volunteers consider themselves to be disabled and the number who consider themselves non-disabled, or state if not known or prefer not to say:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board members** | **Staff** | **Volunteers** |
| **Disabled** |  |  |  |
| **Non-disabled** |  |  |  |
| **Not know** |  |  |  |
| **Prefer not to say** |  |  |  |

**Ethnicity**

Please indicate how many of your board members, staff and volunteers are from the following ethnic groups, or state if unknown or prefer not to say:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board members** | **Staff** | **Volunteers** |
| **African, African Scottish or African British** |  |  |  |
| **Arab, Arab Scottish or Arab British** |  |  |  |
| **Asian, Scottish Asian or British Asian** |  |  |  |
| **Bangladeshi, Bangladeshi Scottish or Bangladeshi British Chinese** |  |  |  |
| **Black, Black Scottish or Black British** |  |  |  |
| **Caribbean, Caribbean Scottish or Caribbean British** |  |  |  |
| **Chinese/Chinese Scottish/Chinese British** |  |  |  |
| **Gypsy/Traveller** |  |  |  |
| **Indian, Indian Scottish or Indian British** |  |  |  |
| **Irish** |  |  |  |
| **Pakistani Scottish or Pakistani British** |  |  |  |
| **White Eastern European (for example, Polish)** |  |  |  |
| **White Scottish or White British** |  |  |  |
| **Mixed or Multiple Ethnic Groups (please specify)** |  |  |  |
| **Other (please specify)** |  |  |  |
| **Not known** |  |  |  |
| **Prefer not to say** |  |  |  |

**Gender**

Please indicate the gender of your board members, staff and volunteers, or state if prefer not to say:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board members** | **Staff** | **Volunteers** |
| **Female** |  |  |  |
| **Male** |  |  |  |
| **Other** |  |  |  |
| **Prefer not to say** |  |  |  |

**Sexual orientation**

Please indicate how many of your board members, staff and volunteers are from the following groups, or state if unknown or prefer not to say:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board members** | **Staff** | **Volunteers** |
| **Bisexual** |  |  |  |
| **Gay/Lesbian** |  |  |  |
| **Heterosexual/Straight** |  |  |  |
| **Other** |  |  |  |
| **Not known** |  |  |  |
| **Prefer not to say** |  |  |  |

End of Section A (Organisations). Thank you for completing this form. Please submit your completed form as an attachment to your application.

**Section B: Please complete this section only if you are applying as an individual applicant**

**Age**

How old are you?

|  |  |
| --- | --- |
| **18-24 years** |  |
| **25-49 years** |  |
| **50-64 years** |  |
| **65+ years** |  |
| **Prefer not to say** |  |

**Disability**

Do you consider yourself to have a disability?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |

If so, please tell us about the nature of your disability below – please tick all that apply, or state if you prefer not to say:

|  |  |
| --- | --- |
| **Visual impairment** |  |
| **Hearing impairment or D/deaf** |  |
| **Physical disability** |  |
| **Learning disability** |  |
| **Mental health condition** |  |
| **Neurodivergence (eg autism, dyslexia, ADHD)** |  |
| **Other (please specify)** |  |
| **Prefer not to say** |  |

**Ethnicity**

What is your ethnic group? Please indicate which best describes your ethnic group or state if you prefer not to say.

|  |  |
| --- | --- |
| **African, African Scottish or African British** |  |
| **Arab, Arab Scottish or Arab British** |  |
| **Asian, Scottish Asian or British Asian** |  |
| **Bangladeshi, Bangladeshi Scottish or Bangladeshi British Chinese** |  |
| **Black, Black Scottish or Black British** |  |
| **Caribbean, Caribbean Scottish or Caribbean British** |  |
| **Chinese/Chinese Scottish/Chinese British** |  |
| **Gypsy/Traveller** |  |
| **Indian, Indian Scottish or Indian British** |  |
| **Irish** |  |
| **Pakistani Scottish or Pakistani British** |  |
| **White Eastern European (for example, Polish)** |  |
| **White Scottish or White British** |  |
| **Mixed or Multiple Ethnic Groups (please specify)** |  |
| **Other (please specify)** |  |
| **Prefer not to say** |  |

**Gender**

What is your gender?

|  |  |
| --- | --- |
| **Female** |  |
| **Male** |  |
| **Other** |  |
| **Prefer not to say** |  |

**Sexual orientation**

Which of the following describes your sexual orientation?

|  |  |
| --- | --- |
| **Bisexual** |  |
| **Gay/Lesbian** |  |
| **Heterosexual/Straight** |  |
| **Other** |  |
| **Prefer not to say** |  |

End of Section B (Individuals). Thank you for completing this form. Please submit your completed form as an attachment to your application.