

EQUAL OPPORTUNITIES MONITORING	
Theatre Hullabaloo is committed to providing equal opportunities to all, irrespective of race, colour, creed, ethnic or national origins, gender, marital status, sexuality, disability or age.	
As a National Portfolio Organisation, Theatre Hullabaloo is required by Arts Council England to collate statistics on those we collaborate with, our staff and our board. This information will be treated in the strictest confidence and individual data will not be provided to any other party.	
Please tick the appropriate box:-	
Gender	
Male (including male to female trans women)	<input type="checkbox"/>
Female (including female to male trans men)	<input type="checkbox"/>
Non-binary (for example, androgyne)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Age	
0-19	<input type="checkbox"/>
20-34	<input type="checkbox"/>
35-49	<input type="checkbox"/>
50-64	<input type="checkbox"/>
65+	<input type="checkbox"/>
Not known	<input type="checkbox"/>
Sexuality	
Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Not known/ prefer not to say	<input type="checkbox"/>
Gay woman/ lesbian	<input type="checkbox"/>
Heterosexual/ straight	<input type="checkbox"/>
Ethnic background	
English/ Welsh/ Scottish/ Northern Irish/ British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed/ Multiple ethnic background	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black/ African/ Caribbean Background	<input type="checkbox"/>
Arab	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>
Not known/ prefer not to say	<input type="checkbox"/>
Disabilities	
Non-disabled	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>
Hearing impairment/ deaf	<input type="checkbox"/>
Physical disabilities	<input type="checkbox"/>
Cognitive or learning disabilities	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>
Not known/ prefer not to say	<input type="checkbox"/>
Other long term/ chronic conditions	<input type="checkbox"/>