

## **DLWP Equal Opportunities**

The De La Warr Pavilion wants to meet the aims and commitments set out in its Equal Opportunities Policy (see [dlwp.com/terms-and-conditions/policies](http://dlwp.com/terms-and-conditions/policies)).

The information you provide for this survey is anonymous, will remain confidential and be stored securely and access limited.

**Please tick one box in each section unless indicated otherwise.**

### **1. What is your gender identity?**

- Male  Female  Non-binary  
 If other gender identity, please write here \_\_\_\_\_  
 Prefer not to say

### **2. Is your gender identity the same or different to that assumed at birth?**

- The same  Different  Prefer not to say

### **3. Are you married or in a civil partnership?**

- Yes  No  Prefer not to say

### **3. What age group are you in?**

- 0 - 19  20 -34  35-49  50-64  65+  Prefer not to say

**4. What is your ethnicity?** *Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.*

WHITE  British  Irish  Gypsy or Irish Traveller  
 Any other White

MIXED  White and Black Caribbean  White and Black African  
 White and Asian  Any other Mixed

ASIAN/  Indian  Pakistani  Bangladeshi  
ASIAN BRITISH  Chinese  Any other Asian

BLACK/  African  Caribbean  Any other Black  
BLACK BRITISH

OTHER  Arab  Any other ethnic group  Prefer not to say

**5. Do you consider yourself to have a disability or health condition?** *Tick all that apply*

- No disability
- Physical disabilities
- Invisible disabilities
- Visual impairment
- Cognitive or learning disabilities
- Long term health condition
- Hearing impairment/Deaf
- Mental health
- Prefer not to say

**6. What is your sexual orientation?**

- Heterosexual/straight
- Gay woman/lesbian
- Gay man
- Bisexual
- If other sexual orientation, please write here \_\_\_\_\_
- Prefer not to say

**7. What is your religion or belief?**

- No religion or belief
- Muslim
- Buddhist
- Sikh
- Christian
- Prefer not to say
- Hindu
- Jewish
- If other religion or belief, please write here: \_\_\_\_\_

**8. Do you have primary caring responsibilities?**

- Yes
- No
- Prefer not to say