

Please circle one: Staff Artist Creative Team Technical FOH Volunteer Other

1. How would you describe your ethnic origin?

- | | |
|--|---|
| <input type="checkbox"/> White Scottish or White British | <input type="checkbox"/> Black, Black Scottish or Black British |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Arab, Arab Scottish or Arab British |
| <input type="checkbox"/> Gypsy or Traveller | <input type="checkbox"/> Mixed or multiple ethnic groups, please specify: |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Other, please specify (Indonesian, Korean etc): |
| <input type="checkbox"/> White other, please specify (EU, Australian etc): | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asian, Asian Scottish or Asian British: | |
| <input type="checkbox"/> African, African Scottish or African British | |
| <input type="checkbox"/> Caribbean, Caribbean Scottish/ or Caribbean British | |
| <input type="checkbox"/> Chinese, Chinese Scottish or Chinese British | |

2. What is your gender?:

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

3. Do you identify as part of the LGBTI community?

- Yes
- No
- Prefer not to say

4. Do you consider yourself to be?

- Non-disabled
 - Visually impaired
 - Hearing impaired or deaf
- Do you consider yourself to have?**
- Cognitive or learning disabilities
 - A mental health condition
 - A long term or chronic condition
 - Other, please specify
 - Prefer not to say

5. What is your age?:

- 16-24
- 25-44
- 45-64
- 65+
- Prefer not to say

6. What is your postcode?