

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?**