

## Meltdowns is working towards equal opportunities

Please take time to fill in this section of our form. The information you give will be kept anonymous and will not affect your application. It is for our monitoring purposes only and you do not have to fill it in if you do not wish to.

**Please tick appropriately**

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| Male   |  | Are you a loan parent?              |  |
| Female   |  | Do you have childcare needs?        |  |
| Asian or Asian British: Indian                 |  | Are you a refugee?                  |  |
| Asian or Asian British: Bangladeshi            |  | Are you currently homeless?         |  |
| Asian or Asian British: Chinese                |  | Are you 18-25 years old?            |  |
| Asian or Asian British: Pakistani              |  | Are you 26-35 years old?            |  |
| Asian or Asian British: Other                  |  | Are you 36-45 years old?            |  |
| Black or Black British: African                |  | Are you 46-65 years old?            |  |
| Black or Black British: Caribbean              |  | Are you 65+ years old?              |  |
| Black or Black British: Other                  |  | Any formal fine art qualifications? |  |
| Mixed: White and Black                         |  | BTEC                                |  |
| Mixed: White and Black African                 |  | BA                                  |  |
| Mixed: White and Black Caribbean               |  | MA                                  |  |
| Mixed: White and Asian                         |  | PHD                                 |  |
| Mixed: Other                                   |  | Are you self trained?               |  |
| White: British                                 |  | Any other formal qualifications?    |  |
| White: Irish                                   |  | Any professional practice training? |  |
| White: Other                                   |  | Are you a UK citizen?               |  |
| Other  |  |                                     |  |
| Do you consider yourself to have a disability? |  |                                     |  |