****

# INCLUSION MONITORING FORM FOR ALL GRANTS

Please return this form to [createnortheastlincolnshire@nelincs.gov.uk](mailto:createnortheastlincolnshire@nelincs.gov.uk) with your application form and other attachments.

Please help us monitor our ambition to improve access, inclusion and underrepresentation for North East Lincolnshire’s creative workforce, audiences and cultural leadership. The information we collect will be kept confidential and secure in accordance with the Data Protection Act and we will not use this information to assess your application.

Organisations only:

|  |  |
| --- | --- |
| How many people do you employ in your workforce/team? |  |
| How many people are there on your board of directors or trustees (organisations)? |  |

**If you are applying as an organisation, please complete the first 2 columns.**

**If you are applying as an individual, please complete the final column only.**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Age: how many people are aged:** | **Workforce** | **Board** | **You as an individual** |
| 18 - 24 |  |  |  |
| 25 - 34 |  |  |  |
| 35 - 44 |  |  |  |
| 45 - 54 |  |  |  |
| 55 - 64 |  |  |  |
| 65 - 74 |  |  |  |
| 75 - 84 |  |  |  |
| 85+ |  |  |  |
| Prefer not to say |  |  |  |
| Not known |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Long term health and disability\***  Does your health or disability prevent you from doing things you want to, need to or have to? | **Workforce** | **Board** | **You as an individual** |
| Yes, limited a lot |  |  |  |
| Yes, limited a little |  |  |  |
| No |  |  |  |
| Prefer not to say |  |  |  |
| Not known |  |  |  |

\*Disability or health issues are those which have lasted, or are expected to last, at least 12 months, and include problems relating to old age.

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Gender identity. How many people are?** | **Workforce** | **Board** | **You as an individual** |
| Male |  |  |  |
| Female |  |  |  |
| Other |  |  |  |
| Prefer not to say |  |  |  |
| Not known |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. Race, ethnic or cultural origin. How many people are:** | | **Workforce** | **Board** | **You as an individual** |
|  | White English/Welsh/Scottish/Northern Irish/British |  |  |  |
| White Irish |  |  |  |
| White Gypsy or Irish Traveller |  |  |  |
| Other white background |  |  |  |
|  | White and Black Caribbean |  |  |  |
| White and Black African |  |  |  |
| White and Asian |  |  |  |
| Any other mixed/multiple ethnic background |  |  |  |
|  | Asian/Asian British Indian |  |  |  |
| Asian/Asian British Pakistani |  |  |  |
| Asian/Asian British Bangladeshi |  |  |  |
| Asian/Asian British Chinese |  |  |  |
| Any other Asian/ Asian British background |  |  |  |
|  | Black African |  |  |  |
| Black Caribbean |  |  |  |
| Any other Black/African/Caribbean background |  |  |  |
|  | Prefer not to say |  |  |  |
| Not known |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5. Sexual orientation. How many people are:** | **Workforce** | **Board** | **You as an individual** |
| Bi-sexual |  |  |  |
| Gay man |  |  |  |
| Gay woman or lesbian |  |  |  |
| Heterosexual or Straight |  |  |  |
| Other |  |  |  |
| Prefer not to say |  |  |  |
| Not known |  |  |  |

|  |
| --- |
| Please share any access needs, or barriers that may impact your ability to participate in the activity. We will support creatives on the programme as much as possible to get the most from this opportunity. |

## DECLARATION

|  |  |
| --- | --- |
| I agree to NELC terms and conditions | Choose an item. |
| I confirm I am authorised to make this application | Choose an item. |
| I confirm the information supplied is true and correct | Choose an item. |
| Signature |  |
| Name |  |
| Date |  |