

**OPERA NORTH EQUALITY, DIVERSITY AND INCLUSION SURVEY**  
**PRIVATE AND CONFIDENTIAL**

Please answer the following questions by either writing in the text box provided, or placing an X against the appropriate answer. Any information you provide will be treated as strictly confidential and will help support Opera North's applications for future funding and on-going work on diversity. Thank you. Please return your completed form to Charlotte Day in HR, 4<sup>th</sup> Floor, Premier House.

<b>1. What is your full name?</b>					
<b>2 What is your job title?</b>					
<b>3. What is your department?</b>					
<b>4. Are you permanent or fixed-term? (If fixed-term, is your contract for longer than 12 months in total?)</b>					
<b>5. Are you full-time or part-time?</b>					
<b>6. What is your gender?</b>					
Female (inc. male to female trans women)		Male (inc. female to male trans men)		Non-binary (for e.g. androgyne)	
Prefer not to say					
<b>7. If your gender identity is different to the sex you were assumed to be at birth, please record this in the text box below. (Please only answer this question if applicable).</b>					
<b>8. Which of the following best describes your sexual orientation?</b>					
Bisexual		Gay man		Gay woman/Lesbian	
Heterosexual/Straight		Prefer not to say			
<b>9. What is your age group?</b>					
0-19		20-34		35-49	
50-64		65+		Prefer not to say	
<b>10. Which ethnic group do you belong to?</b>					
<b>WHITE</b>					
British (English/Welsh/Scottish/Northern Irish)					
Irish		Gypsy or Irish Traveller		Any other White background	
<b>MIXED</b>					
White and Black Caribbean		White and Black African		White and Asian	
Any other Mixed background					
<b>ASIAN/ASIAN BRITISH</b>					
Indian		Pakistani		Bangladeshi	
Chinese		Any other Asian background			
<b>BLACK/BLACK BRITISH</b>					
African		Caribbean		Any other Black background	
<b>OTHER</b>					
Arab		Any other ethnic group		Prefer not to say	
Not known					
<b>11. Do you consider yourself to have a disability, long term illness or health condition that might affect your ability to carry out normal daily activities on an equal basis with others? (More than 1 answer may be given here)</b>					
Non-disabled		Visual Impairment		Hearing Impairment/Deaf	
Physical disabilities		Cognitive or Learning disabilities		Mental Health condition	
Other long-term, chronic conditions		Prefer not to say		Not known	
<b>12. What is your religion or belief?</b>					
No Religion or Belief		Christian		Muslim	
Buddhist		Hindu		Jewish	
Sikh		Prefer not to say		Other (please specify)	
					Not known