This form will be separated from your application and used to assess our overall strategy, not your individual application.
Icarus Theatre Collective continuously aims to create and retain an inclusive and representative working environment that delivers opportunities and ensures that all talent is recognised, utilised and valued. We are committed to being an equal opportunities and disability confident employer and to address areas of under-representation in the charity.

**1. To which gender to you most identify?**❑ Male ❑ Female ❑ Non-Binary ❑ Gender Non-Conforming
❑ Not Listed (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Prefer not to say

**2. Is your Gender Identity the same as what you were assigned at birth?**❑ Yes ❑ No ❑ Prefer not to say

**3. What is your sexual orientation?**❑ ACE (Asexual, Demisexual, Greysexual) ❑ Bisexual ❑ Gay Man
❑ Heterosexual/Straight ❑ Lesbian/Gay Woman ❑ Pansexual ❑ Queer
❑ Not Listed (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Prefer not to say

**4. What is your age?** *(tick one)*❑ Under 18 ❑ 18-24 ❑ 25-34 ❑ 35-49 ❑ 50-64 ❑ Over 65 ❑ Prefer Not say

**5. Ethnicity (tick all that apply)**

❑ White British
❑ White Other
❑ Asian British
❑ Prefer not to say
❑ Asian Other

❑ Black African
❑ Black British

❑ Black Other
❑ Other Ethnic Groups (please describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Ability:**Do you consider yourself to have a disability as defined in the Disability Discrimination Act (1995)

❑ Yes ❑ No ❑ Prefer not to say

**7. How do you define your religion or belief?**❑ Agnostic ❑ Pagan ❑ Atheist ❑ Jain ❑ Rastafarian ❑ Bah’ai ❑ Buddhist
❑ Christian – Other ❑ Christian - Catholic ❑ Christian - Protestant ❑ Jewish
❑ Sikh ❑ Hindu ❑ Humanism ❑ Muslim ❑ No Religion ❑ Scientologist ❑ Shinto
❑ Zoroastrian ❑ Not Listed (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Prefer not to say

**8. How did you hear about this opportunity?**❑ Guardian ❑ The Stage ❑ Our Mailing List / Social Media ❑ Word of mouth ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_

**9. Please add any further comments or suggestions to this form below:**



