**Artist Commissions 2054-2026**

**Equality and Diversity Monitoring Form**

We are committed to ensuring equality of opportunity and so monitor applications to measure progress towards this aim. We would be grateful if you would answer the following questions. If you are applying jointly or as part of a group/organisation/company the lead applicant should respond. This information will be treated confidentially, and responses will remain anonymous. It is for monitoring purposes only, so will not be used in any part of the selection process.

u **Which Commission did you apply for?**

u **How did you hear about this commission opportunity?**

u **We support artists at all stages in their careers.   
How would you describe where you are in your career trajectory?**

Emerging | Early Career | Mid-career | Established | Not sure | Other (please specify)

u **Did you know about Essex Cultural Diversity Project and its work before applying?**

YES | NO

u **If YES -** **When did you last attend an Essex Cultural Diversity Project event?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 - 6  months | 6 - 12  months | Last 1 - 2 years | Last 2 - 3  years | More than  3 years ago | I have never  attended before |

ABOUT YOU

u **What is your age?**

0-15 | 16-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+

u **With which ethnicity do you identify?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asian /  Asian British | Black /  Black British | White /  White British | Mixed / multiple ethnic group | Any other ethnic group OR  none of the above | Prefer not  to say |

Prefer to self-describe (please specify):

u **Do you identify as a D/deaf and/or D/disabled person, or have a long-term health condition?**

Yes | No | Prefer not to say

u **Do you identify as neurodivergent? Being Neurodivergent could include Dyslexia, ADHD etc.**

Yes | No | Prefer not to say

u **What is the postcode of your current residence?** (first part only, i.e. CM1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

u **What is your sex?** Female | Male | Non-Binary | Prefer not to say | Other

u **Is your gender identity the same as the sex you were assigned at birth?** No | Yes | Prefer not to say

u **How would you describe your sexual orientation?** Bisexual | Gay | Queer | Straight | Other

Prefer not to say | Prefer to self-describe (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

u **Is there any feedback about the application procedure that you would like to share?**

|  |
| --- |
|  |

u **Would you like to join our mailing list to receive monthly email updates?** Yes | No

u **Your email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for filling in this questionnaire**

**You can read our Privacy Statement at** [**https://essexcdp.com/privacy/**](https://essexcdp.com/privacy/)

**If you prefer to, you can sign up to our mailing list at** [**https://essexcdp.com/contact/**](https://essexcdp.com/contact/)