**Youth Panel Application Form**

Please submit this form to community@anvilarts.org.uk by **Monday 8 August.**

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| **Full name (and pronouns if you’re happy to share)** |  |
| **Date of birth (you must be aged 14 – 24 to join the panel)** |  |
| **Email address** |  |
| **Phone number** |  |

Tell us about yourself and how you fit the **person specification (which is in the recruitment pack).**

Why do you want to join The Musication Station’s Youth Panel? (Up to 300 words)

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What qualities, skills and experience do you have that you feel will be useful? How will you bring these to the panel? (Up to 300 words)

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Why are creativity and culture important to you? (Up to 200 words)

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**Equal Opportunities Monitoring Form**

**Private & Confidential**

The Anvil Trust Limited is an equal opportunities employer. To ensure that The Trust meets the requirements within its equal opportunities policy, all applicants are asked to complete the form below. This information will be used solely for monitoring purposes and will be treated as confidential. It will be separated from your completed application form before short-listing of candidates takes place. Thank you for your co-operation.

Please click in the box to mark it with an x.

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| **APPLICATION FOR THE POST OF:** |
| What best describes your gender identity:  Female  Male  Prefer not to say  Prefer to self-describe: What is your age? Under 19  20 – 34 |
| **ETHNICITY** |
| Which is your ethnic group? Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.  **A White** **B** **Mixed/multiple ethnic groups**  White British  White & Black Caribbean  White Irish  White & Black African  Gypsy, Roma, or Irish Traveller  White & Asian  Any other White background  Any other Mixed background  **C** **Asian or British Asian:**  **D**  **Black:**  Indian  Black Caribbean  Pakistani  Black African  Bangladeshi  Any other Black background  Chinese  Any other Asian background        **E** **Other ethnic group:**  Arab  Latin American  Other Ethnic Group  Not known  Prefer not to say  Please specify: |
| **DISABILITY** |
| **Do you consider yourself to have a disability as described in The Equality Act 2010?**  The Equality Act protects people with a disability who have ‘a physical or mental impairment, which has a substantial long-term adverse effect on [their] ability to carry out normal day-to-day activities’. Long term means 12 months or more.   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | Used to have a disability but have now recovered |  | Don't know |  | | Prefer not to say |  |  | | |
| **SEXUAL ORIENTATION** |
| **How would you describe your sexual orientation? \*\*Please only answer if you are aged 16 or over.\*\***   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Heterosexual |  |  | Bisexual |  | Prefer not to say |  | | Gay |  |  | Lesbian |  | Other |  | |
| **BACKGROUND** |
| **Occupation of main income earner in your household when you were 14 years old:**  Prefer not to say |
| **If you have children under 17 in your household, who takes main responsibility for childcare?**  Me  No children/ Not applicable  Someone else  Shared equally |
| **How did you hear about the vacancy?** |
| **FOR OFFICE USE ONLY:**  Equal opportunities monitoring No: |