

This form is available to download online. Please return to [info@scottishyouththeatre.org](mailto:info@scottishyouththeatre.org)

Scottish Youth Theatre is committed to improving its accessibility and as such is implementing an Equalities Scheme. We would be grateful if you could help us by answering the following questions.

### Age

- |                                   |                                |                                |
|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16-25 | <input type="checkbox"/> 26-35 |
| <input type="checkbox"/> 36-40    | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 55+   |

### Gender

- Male  Female  I choose not to answer

### Disability

Do you consider yourself to be a disabled person, have a long term health condition or have any access needs?  
Please circle

Yes/ No/ I choose not to answer

### Ethnicity

Please tick which applies to your background

White:

British      Irish      Any other white background (please give details)

Mixed:

White and Black Caribbean      White and Black African  
White and Asian      Any other Mixed background (please give details)

Asian or British Asian:

Indian      Pakistani      Bangladeshi      Any other Asian background (please give details)

Black or Black British

Caribbean      African      Any other Black background (please give details)

Chinese or any other ethnic group

Chinese      Any other (please give details)

I choose not to answer

### What religious beliefs do you hold?

Please tick

Church of Scotland	Roman Catholic	Other Christian
Hinduism	Islam/Muslim	Judaism/Jewish
Sikhism	Other (please give details)	

I choose not to answer

**PTO**

**What best describes your sexual orientation?**

Please tick

Bisexual

Heterosexual

Lesbian

Gay

Other

I choose not to answer

**What barriers do you face when you come into contact with Scottish Youth Theatre's activities or the physical access of our venue and partnership venues?**

.....  
.....  
.....

**How could we improve access to our venue?**

.....  
.....  
.....

**Which of the following would help us to communicate more easily and effectively with you?**

British Sign Language Interpreters

Captioned performances

Hearing Loop

Large Print

Audi version of communications

**Thank you for taking part!**