**EQUALITY AND DIVERSITY MONITORING FORM**

Pupillage Applications

Diversity data gathered from this form will be anonymised and will be treated as confidential. It will not be published in a way which might identify any individual.

It is important that you understand that your data will play no part in our consideration of your application. The data you provide will ensure that our recruitment processes are inclusive and that they offer equal opportunity to the greatest number of applicants. We are committed to an equal and diverse profession.

Application forms and diversity monitoring forms are separated when submitted by an independent member of staff. No diversity data is provided to any member of the interviewing panels in a way that might identify anyone.

Questions are based on Bar Standards Board approved monitoring questions. If you do not wish to answer the question, please select ‘Prefer not to say’ rather than leaving the question blank.

**NAME**: …………………………………………………………………………………………………….…..

1. **Age**

From the list of age bands below, please indicate the category that includes your current age in years:

|  |  |
| --- | --- |
| 16 - 24 |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65+ |  |
| Prefer not to say |  |

# Sex

What is your sex?

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

# Gender Identity

This following question is designed to gather trans data (i.e., whether your gender identity and/or gender expression differs from your birth sex). A trans person may or may not seek to undergo gender reassignment hormonal treatment/surgery.

1. Is the gender you identify with the same as your sex registered at birth?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. If no, please enter your gender identity (or leave blank if you’d prefer not to say):

…………………………………

# Disability

The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.

1. Do you consider yourself to have a disability according to the definition in the Equality Act?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

|  |  |
| --- | --- |
| Yes, limited a lot |  |
| Yes, limited a little |  |
| No |  |
| Prefer not to say |  |

# Ethnic Group

What is your ethnic group?

|  |  |
| --- | --- |
| Prefer not to say |  |

Asian / Asian British

|  |  |
| --- | --- |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background (write in) |  |

Black / African / Caribbean / Black British

|  |  |
| --- | --- |
| African |  |
| Caribbean |  |
| Any other Black / Caribbean / Black British (write in) |  |

Mixed / multiple ethnic groups

|  |  |
| --- | --- |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| White and Chinese |  |
| Any other Mixed / multiple ethnic background (write in) |  |

White

|  |  |
| --- | --- |
| British / English / Welsh / Northern Irish / Scottish |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White background (write in) |  |

Other ethnic group

|  |  |
| --- | --- |
| Arab |  |
| Any other ethnic group (write in) |  |

# Religion or Belief

What is your religion or belief?

|  |  |
| --- | --- |
| No religion or belief |  |
| Buddhist |  |
| Christian (all denominations) |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion (write in) |  |
| Prefer not to say |  |

# Sexual Orientation

What is your sexual orientation?

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Gay woman/lesbian |  |
| Heterosexual/straight |  |
| Other |  |
| Prefer not to say |  |

# Socio-Economic Background

1. If you went to University (to study a BA, BSc course or higher), were you part of the first generation of your family to do so?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Did not attend University |  |
| Prefer not to say |  |

1. Did you mainly attend a state or fee-paying school between the ages 11 – 18?

|  |  |
| --- | --- |
| UK State School |  |
| UK Independent/Fee-paying School |  |
| Attended school outside the UK |  |
| Prefer not to say |  |

1. **Caring Responsibilities**
2. Are you a primary carer for a child or children under 18?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental ill-health / disability

- Problems related to old age?

(Do not count anything you do as part of your paid employment)

|  |  |
| --- | --- |
| No |  |
| Yes, 1 - 19 hours a week |  |
| Yes, 20 - 49 hours a week |  |
| Yes, 50 or more hours a week |  |
| Prefer not to say |  |

**Thank you for completing this questionnaire**

*Questionnaires should be submitted with your pupillage application to* [*pupillage@qebhw.co.uk*](mailto:pupillage@qebhw.co.uk)*.*

*Questionnaires are separated from applications by an independent member of staff and are not passed to interviewing panels.*