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**Equality and Diversity Monitoring Form**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diversity data gathered from this form will be anonymised to assist the BSB in meeting our statutory duties under the Equality Act 2010 and will inform our wider equality and diversity strategy.

Your diversity data will be treated as confidential and stored securely according to the BSB’s Privacy policy. It will not be published in a way which might identify any individual. The raw data will be kept only for monitoring purposes.

Question formats are based on Legal Services Board approved monitoring questions.

Provision of diversity information is not compulsory however we strongly encourage you to help us by completing this form.

Please answer each question in turn by choosing one option only, unless otherwise indicated. If you do not wish to answer the question please choose the option “Prefer not to say” rather than leaving the question blank.

**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**

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

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

**If no, please enter your gender identity:**

|  |  |
| --- | --- |
|  | 🗸 |
| Female |  |
| Male |  |
| I use a different term (please enter the term that you use) |  |
| 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.

(a) Do you consider yourself to have a disability or do you automatically meet the disability definition under the Equality Act 2010?

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

(b) Is your ability to perform day-to-day activities limited because of a physical or mental disability, condition or illness, which has lasted or is expected to last for at least 12 months?

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

**Ethnicity**

What is your ethnic group?

Mixed/multiple ethnic groups

|  |  |
| --- | --- |
|  | 🗸 |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| White and Chinese |  |
| I use a different term to describe my Mixed/Multiple ethnic background (please enter the term that you use). |  |

Asian / Asian British

|  |  |
| --- | --- |
|  | 🗸 |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| I use a different term to describe my Asian background (please enter the term that you use) |  |

Black / African / Caribbean / Black British

|  |  |
| --- | --- |
|  | 🗸 |
| African |  |
| Caribbean |  |
| I use a different term to describe my Black background (please enter the term that you use |  |

White

|  |  |
| --- | --- |
|  | 🗸 |
| British / English / Welsh / Northern Irish / Scottish |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
|  I use a different term to describe my White background (please enter the term that you use) |  |

Other ethnic group

|  |  |
| --- | --- |
|  | 🗸 |
| Arab |  |
| I use a different term to describe my ethnicity, which does not fall under “White”, “Asian”, “Black” or “Mixed/Multiple Ethnic Background” (please enter the term that you use). |  |
| Roma |  |
| Prefer not to say |  |

**Religion or belief**

What is your religion or belief?

|  |  |
| --- | --- |
|  | 🗸 |
| No religion |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| I have a different religion/belief (please enter your religion belief) |  |
| Prefer not to say |  |

**Sexual orientation**

What is your sexual orientation?

|  |  |
| --- | --- |
|  | 🗸 |
| Bisexual |  |
| Gay or Lesbian |  |
| Heterosexual  |  |
| I use a different term (for example, pansexual or asexual). Please enter the term that you use |  |
| Prefer not to say |  |

**Socio-economic background**

(a) If you went to university (to study a BA, BSc or higher), had either (or both) of your parents or carers attended university by the time you were 18?

|  |  |
| --- | --- |
|  | 🗸 |
| Yes |  |
| No |  |
| I don’t know |  |
| I didn’t attend University |  |
| Prefer not to say |  |

(b) Did you mainly attend a state or fee-paying school between the ages 11 – 18?

|  |  |
| --- | --- |
|  | 🗸 |
| UK non-selective state school (e.g., comprehensive school) |  |
| UK Selective state school (e.g., grammar school) |  |
| UK fee-paying (private/independent school) |  |
| UK fee-paying (supported by a means tested scholarship) |  |
| Attended school outside the UK |  |
| Prefer not to say |  |

**If you finished school after 1980, were you eligible for Free School Meals at any point during your school years?**

|  |  |
| --- | --- |
|  | 🗸 |
| Yes |  |
| No |  |
| Not applicable |  |
| Don’t know |  |
| Prefer not to say |  |

**Caring responsibilities**

(a) Are you a primary carer for a child or children under 18?

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

(b) 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**