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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 It will not be published in a way which might identify any individual.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 Reassignment**

Is your gender identity the same as the sex that you were assigned at birth?

|  |  |
| --- | --- |
|  | 🗸 |
| Yes |  |
| No |  |
| 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 according to the definition in the Equality Act?

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

(b) 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 |  |

**Ethnicity**

What is your ethnic group?

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) |  |

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) |  |

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) |  |
| Prefer not to say |  |

**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**

(a) 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 |  |

(b) 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 |  |

**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**