

## Diversity questionnaire

This sheet will be separated from your application form upon receipt and does not form part of the selection process.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

Role categories
<b>1. Select one category which best describes your role in the firm.</b> Please note that reference to solicitors includes Registered European Lawyers and Registered Foreign Lawyers.

Solicitor partner (sole practitioner, member or director)	Members or directors who are <b>not</b> solicitors should be recorded in the 'Managerial role' category below.	<input type="checkbox"/>
Solicitor (not partner)	All other practising solicitors including assistant solicitors, associates or consultants.	<input type="checkbox"/>
Other fee earning role	Includes fee earners such as trainee solicitors, members of CILEx who are not Chartered Legal Executives (Fellows) or CILEx Practitioners and paralegals i.e. those who are not 'authorised persons'.	<input type="checkbox"/>
Role directly supporting a fee earner	Includes legal secretaries, administrators, legal assistants, or non-fee earning paralegals.	<input type="checkbox"/>
Managerial role	Includes non-lawyer managers, directors, or members and others such as practice managers, finance or account managers etc.	<input type="checkbox"/>
IT/HR/other corporate services role	Not an authorised person and not individuals in a managerial role - includes finance or accountancy roles.	<input type="checkbox"/>
Barrister	Individuals authorised by the Bar Standards Board.	<input type="checkbox"/>
Chartered Legal Executive (Fellow)/CILEx Practitioner	People who are authorised by CILEx Regulation	<input type="checkbox"/>
Licensed Conveyancer	Individuals authorised by the Council for Licensed Conveyancers.	<input type="checkbox"/>
Patent or Trade Mark Attorney	Individuals authorised by the Intellectual Property Regulation Board.	<input type="checkbox"/>
Costs Lawyer	Individuals authorised by the Costs Lawyer Standards Board.	<input type="checkbox"/>
Notary	Individuals authorised by the Master of the Faculties.	<input type="checkbox"/>
Prefer not to say		

## 2. Which age category are you in?

- |                   |                          |
|-------------------|--------------------------|
| 16 – 24           | <input type="checkbox"/> |
| 25 – 34           | <input type="checkbox"/> |
| 35 – 44           | <input type="checkbox"/> |
| 45 – 54           | <input type="checkbox"/> |
| 55 – 64           | <input type="checkbox"/> |
| 65+               | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

## 3. Which gender do you identify with?

- |                             |                          |
|-----------------------------|--------------------------|
| Man                         | <input type="checkbox"/> |
| Woman                       | <input type="checkbox"/> |
| Other preferred description | <input type="checkbox"/> |
| Prefer not to say           | <input type="checkbox"/> |

## 4. Do you consider your own gender identity to be different from that associated with your sex as registered at birth?

- |                   |                          |
|-------------------|--------------------------|
| Yes               | <input type="checkbox"/> |
| No                | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

## 5. Do you consider yourself to have a disability according to the definition in the Equality Act 2010?

The Equality Act 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.

If you have a condition which fits the Equality Act definition, please tick 'Yes' even if you are not limited by your condition.

- |                   |                          |
|-------------------|--------------------------|
| Yes               | <input type="checkbox"/> |
| No                | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

**6. 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

**7. What is your ethnic group?**

**Asian/Asian British**

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background

**Black/Black British**

- African
- Caribbean
- Any other Black background

**Mixed/multiple ethnic groups**

- White and Asian
- White and Black African
- White and Black Caribbean
- White and Chinese
- Any other Mixed/multiple ethnic background

**White**

- British/English/Welsh/Northern Irish/Scottish
- Irish
- Gypsy or Irish Traveller
- Any other White background

**Other ethnic group**

- Arab
- Any other ethnic group

**Prefer not to say**

- Prefer not to say

### 8. What is your religion or belief?

- |                               |                          |
|-------------------------------|--------------------------|
| No religion or belief/Atheist | <input type="checkbox"/> |
| Buddhist                      | <input type="checkbox"/> |
| Christian                     | <input type="checkbox"/> |
| Hindu                         | <input type="checkbox"/> |
| Jewish                        | <input type="checkbox"/> |
| Muslim                        | <input type="checkbox"/> |
| Sikh                          | <input type="checkbox"/> |
| Any other religion or belief  | <input type="checkbox"/> |
| Prefer not to say             | <input type="checkbox"/> |

### 9. What is your sexual orientation?

- |                       |                          |
|-----------------------|--------------------------|
| Bisexual              | <input type="checkbox"/> |
| Gay man               | <input type="checkbox"/> |
| Gay woman/lesbian     | <input type="checkbox"/> |
| Heterosexual/straight | <input type="checkbox"/> |
| Other                 | <input type="checkbox"/> |
| Prefer not to say     | <input type="checkbox"/> |

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

If you changed schools, please base your answer on the last two years of your education.

- |                                  |                          |
|----------------------------------|--------------------------|
| UK State School                  | <input type="checkbox"/> |
| UK Independent/Fee-paying School | <input type="checkbox"/> |
| Attended school outside the UK   | <input type="checkbox"/> |
| Prefer not to say                | <input type="checkbox"/> |

### 11. 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                       | <input type="checkbox"/> |
| No                        | <input type="checkbox"/> |
| Did not attend University | <input type="checkbox"/> |
| Prefer not to say         | <input type="checkbox"/> |

**12. Are you a primary carer for a child or children under 18?**

- Yes
- No
- Prefer not to say

**13. Do you look after or care for someone with long term physical or mental ill health caused by disability or age (not in a paid capacity)?**

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