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| **GoldsmithChambersLogoWeb** |

Monitoring the diversity of our applicants is an essential part of Goldsmith Chambers’ commitment to Equality and Diversity. Please complete this form and return it with your application. It is entirely confidential and will not be taken into account when considering your application. Please note, completion of this form is entirely voluntary. Failure to submit the form will not impact upon your application in any way. The purpose of this form is to assist Chambers in implementing our Equal Opportunities Policy and to assist Chambers in identifying any reasonable adjustments that need to be made in case of disability.

**Monitoring Form**

EQUALITY & DIVERSITY

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

**Nature of application:**

|  |  |
| --- | --- |
| Tenancy |  |
| Pupillage |  |
| Mini-Pupillage |  |
| Third Six |  |
| Employment vacancy |  |
| Work experience |  |

**Date of application:**

**1. Age**

Please indicate the category that includes your current age in year:

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

**2. Gender**

What is your gender?

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

**3. 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 |  |

**4. Ethnic group**

What is your ethnic group?

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) |  |

Prefer not to say

Prefer not to say

**5. 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 |  |

**6. Sexual orientation**

What is your sexual orientation?

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

**7. 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 |  |

**8. 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**