

Equality and Diversity Monitoring Form

Coram Chambers is committed to the principle of equality and diversity and selects candidates solely on merit, irrespective of race, colour, ethnic or national origin, nationality, citizenship, sex, sexual orientation, marital status, disability, age, religion or political persuasion. It would be of considerable assistance to us, in monitoring the implementation of our Equality and Diversity Policy, if you could answer all the questions on this form but you are <u>under no obligation</u> to do so and any failure to do so will have no detrimental effect on any application you have made. We will use the information from the questionnaire to ensure that we are treating everyone in a fair and equal way. The questions are designed to gather data in relation to the characteristics protected by law under the Equality Act 2010. We will keep the information you provide confidential and store it in line with the GDPR requirements as stated in our Privacy Policy: <u>https://www.coramchambers.co.uk/privacy-terms/</u>. By submitting your sensitive personal information, you explicitly consent to the collection and processing of it in accordance with our Privacy Policy. Your information will not be passed on to selectors and will form no part of any recruitment process. The information provided will only be used for equality and diversity monitoring and statistical analysis.

1. For what position are you an applicant?

Tenancy
Door Tenancy
Pupillage
Mini-pupillage
Staff
Other – please specify:

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

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

3. What is your gender?

Male
Female
Prefer not to say

4. 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

2. 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

5. What is your ethnic group?

Please choose one section from (a) to (e) and then tick the appropriate box within that section to indicate your cultural background.

a) Asian / Asian British

- 🔄 Bangladeshi
- Chinese
- ____ Indian
- ____ Pakistani

Any other Asian background – please specify:

b) Black / African / Caribbean / Black British

- African
- Caribbean

Any other black/Caribbean/Black British background – please specify:

c) Mixed / multiple ethnic groups

- White and Asian
- White and Black African

5.

6.

White and Black Caribbe	an
White and Chinese	
Any other Mixed / multip	ole ethnic background – please specify:
d) White	
British / English / Welsh /	/ Northern Irish / Scottish
Irish	
Gypsy or Irish Traveller	
Any other White backgro	und – please specify:
e) Other ethnic group	
Arab	
Any other ethnic group –	please specify:
f) Prefer not to say	
Prefer not to say	
What is your religion?	
No religion or belief	
Buddhist	
Christian (all denomin	ations)
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion – ple	ease specify:
Prefer not to say	
What is your sexual orientation?	
Bisexual	
DISEXUAL	

7.

8.

	Heterosexual/straight
	Other
	Prefer not to say
Socio-economic b (a) If you went to your family to	University (to study a BA, BSc course or higher), were you part of the first generation of
	Yes
	Νο
	Did not attend University
	Prefer not to say
(b) Did you main	ly 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 responsibi	ilities
(a) Are you a prin	nary carer for a child or children under 18?
	Yes
	No
	Prefer not to say
(b) Do you look af either:	ter, or give any help or support to family members, friends, neighbours or others because of
– L – F	ong-term physical or mental ill-health / disability Problems related to old age? Inything 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

NAME (OPTIONAL):

DATE:

THANK YOU