

11 New Square Diversity Monitoring Form

Chambers wishes to ensure that we are able to recruit, develop and retain the most talented barristers, pupils and staff. We actively promote an inclusive culture where all members and staff are able to flourish. As part of meeting our commitments to equality and diversity, our chambers collects and analyses statistical information on its membership, and on all those that apply for positions. This enables us to ensure that we continue to attract, select and retain our pupils, members and staff solely on the basis of talent and the potential to succeed. We will select candidates irrespective of age, disability, gender reassignment, marriage and civil partnership status, pregnancy and maternity, race, religion or belief, sex, sexual orientation or socio-economic background.

In order to monitor the effectiveness of our equal opportunities policy, we request you provide the information indicated below. This information will be kept securely and in compliance with Data Protection Act principles. The information sought below will be used for statistical purposes only and will not form part of the selection process. You are not obliged to provide this information but in doing so you will help us to ensure that our policies are fair to all.

Name (Optional) _____

Age: _____

1. Gender

- Male
- Female
- Non-binary
- Do not wish to disclose

If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.

Do you live and work in a gender other than that assigned at birth?

- Yes
- No
- Do not wish to disclose



2. What age group do you belong to?

- 18-25
- 26-35
- 36-45
- 46-55
- 56 –65
- 65+
- Do not wish to disclose

3. How would you describe your sexuality?

- Heterosexual
- Gay man
- Gay woman / lesbian
- Bi-sexual
- Do not wish to disclose

4. Do you consider yourself to have a disability?

The Equality Act 2010 protects people who are disabled including those with long-term health conditions.

- Yes
- No
- Do not wish to disclose

If 'Yes' please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

- Physical Impairment
- Sensory Impairment
- Mental Health Condition
- Learning Disability / Difficulty
- Long-standing Illness
- Other

5. Please indicate which ethnic group you consider yourself to belong to?

White

- White – British (to include Northern Ireland, Scotland & Wales)
- White – Irish
- White - European
- Other White

Black

- Black or Black British – Caribbean
- Black or Black British – African
- Other Black

Asian

- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi



- Chinese
- Other Asian

Mixed

- Mixed – White & Black Caribbean
- Mixed – White & Black African
- Mixed – White & Asian
- Other Mixed

Other/unknown

- Ethnic identity not known
- Do not wish to disclose

If you have selected 'Other' please state which group you consider yourself to belong to:

6. Please indicate which religion you consider yourself to belong to?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Do not wish to disclose
- Other religion please state:

7. Do you have caring responsibilities?

- No caring responsibilities
- Primary carer of a child/children (under 18)
- Primary carer of disabled child / children (under 18)
- Primary carer of disabled adult (18 and over)
- Primary carer of older person
- Prefer not to say

Thank you for taking the time to complete this equality monitoring form.