



Northampton Chambers

EQUALITY AND DIVERSITY MONITORING 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.

About You:

If you are an authorised person¹ for the purposes of the Legal Services Act 2007 (i.e. you hold a practising certificate issued by one of the approved regulators), please indicate your professional qualification(s) and role (tick all that apply if you are dual qualified and have a current practising certificate from more than one approved regulator):

Barrister:

- | | | |
|-----------------------------|--|--|
| <input type="checkbox"/> QC | <input type="checkbox"/> Tenant / Member | <input type="checkbox"/> Other (including Pupil) |
|-----------------------------|--|--|

If you do not fall into any of the categories listed above, please indicate which of the following categories best fits your role.

- | |
|---|
| <input type="checkbox"/> Any other fee earning role (e.g. trainee solicitor, legal executive (not Fellow), paralegal). |
| <input type="checkbox"/> Any roles directly supporting a fee earner (e.g. legal secretary, administrator, barristers' clerk, practice manager, legal assistant, paralegal). |
| <input type="checkbox"/> A managerial role (e.g. Director / non-lawyer Partner / Chief Executive / Practice Director or similar, Head of Legal Practice (HoLP) / Head of Finance & Administration (HoFA) or similar). |
| <input type="checkbox"/> Prefer not to say |

Your role in Northampton Chambers:

Please note that this question applies to self-employed as well as employed persons.

(a) Do you have a share in the ownership of your organization (e.g. equity partner, shareholder)?

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

(b) Do you have responsibility for supervising or managing the work of lawyers or other employees?

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

¹ The definition of an "authorised person" is set out in the Legal Services Act 2007, Section 18(1). For the purposes of this Act "authorised person", in relation to an activity ("the relevant activity") which is a reserved legal activity, means – (a) a person who is authorised to carry on the relevant activity by a relevant approved regulator in relation to the relevant activity (other than by virtue of a licence under Part 5), or (b) a licensable body which, by virtue of such a licence, is authorised to carry on the relevant activity by a licensing authority in relation to the reserved legal activity.

Age:

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

<input type="checkbox"/> 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		

Gender:

What is your gender?

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
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Gender Identity:

This following question is designed to gather trans data i.e. whether your gender identity and/or gender expression differs from your birth sex. A trans person may or may not seek to undergo gender reassignment hormonal treatment/surgery.

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

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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(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?

<input type="checkbox"/> Yes, limited a lot	<input type="checkbox"/> No
<input type="checkbox"/> Yes, limited a little	<input type="checkbox"/> Prefer not to say

Ethnic group:

What is your ethnic group?

Asian / Asian British:	
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Any other Asian background (write in)	

Black / African / Caribbean / Black British:	
<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Any other Black / Caribbean / Black British (write in)	
Mixed / multiple ethnic groups:	
<input type="checkbox"/> White and Asian	<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Chinese
<input type="checkbox"/> Any other Mixed / multiple ethnic background	
White:	
<input type="checkbox"/> British / English / Welsh / Northern Irish / Scottish	
<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy or Irish Traveller
<input type="checkbox"/> Any other White background (write in)	
Other ethnic group:	
<input type="checkbox"/> Arab	
<input type="checkbox"/> Any other ethnic group (write in)	
Prefer not to say:	
<input type="checkbox"/> Prefer not to say	

Religion or belief:

What is your religion or belief?:	
<input type="checkbox"/> No religion or belief	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian (all denominations)	<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Any other religion (write in)	

Sexual orientation:

What is your sexual orientation?:	
<input type="checkbox"/> 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

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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Did not attend University	<input type="checkbox"/> Prefer not to say	
(b) Did you mainly attend a state or fee-paying school between the ages 11 – 18?		
<input type="checkbox"/> 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	
(c) If you attended a fee-paying school, did you ever receive any kind of financial award to cover 50% or more of the school fees?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

Caring responsibilities:

(a) Are you a primary carer for a child or children under 18?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes, 1 – 19 hours per week		
<input type="checkbox"/> Yes, 20 – 49 hours per week		
<input type="checkbox"/> Yes, 50 or more hours per week		

Thank you for completing this questionnaire.