## M NINE

# **Diversity Questionnaire**

#### Why Diversity Data is collected?

1. Individuals have the opportunity to provide their Diversity Data in order for Chambers to monitor and assess the Access Scheme's performance against its target objectives. This provides transparency concerning the selection process and allows us to more readily tailor the application process to the needs of its applicants going forwards.

2. Whilst you are not obliged to provide your Diversity Data, we would encourage all applicants to do so. You are free to provide all, some or none of your Diversity Data.

#### How Diversity Data is collected?

3. Diversity Data will be collected and processed separately from your application. For the avoidance of doubt, your Diversity Data will not be considered as part of the application process, and is not seen by the person marking your application.

4. You will be provided with a copy of the consent form (Appendix 1) which you must complete if you wish to provide your Diversity Data.

#### Keeping Diversity Data secure

5. All Diversity Data that is collected from individuals will be kept securely. Chambers shall put the following security measures in place to protect Diversity Data:

Personal data will be collected anonymously and kept for no longer than is deemed to be necessary.

All collated data will be stored in accordance with chambers Information Management Policy.

#### **Destruction of Diversity Data**

6. Chambers will securely destroy the Diversity Data collected promptly after the Data has been anonymised and in any event with 24 months following the date of collection. Secure destruction means that as far as possible we shall not hold the Diversity Data in any way where it is possible to identify an individual.

7. Anonymised data will be kept for 24 months before being destroyed.

#### Questions or complaints

8. You have a right to withdraw your consent or object to the use of your Diversity Data at any time.

9. Where your data has already provided and you wish to withdraw your consent to its use, please notify Chambers in writing. Chambers will promptly to delete or destroy any Diversity Data which includes your personal data and will confirm to you that this step has been taken within 21 days of receiving notification from you.

10. Should you have any questions or complaints about this Diversity Data Policy, please contact Chambers directly.

Appendix 1

### **Consent form**

I explicitly consent to the handling and processing of my data as set out in this form for the specified uses set out above:

Yes

No

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## Equality and Diversity Monitoring Questionnaire

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.

#### Background

From the list below, please indicate which of the following qualifications you currently hold?

GCSE or equivalent	LLM	BPTC
A-Level / or equivalent	MA / MSc / MEng	Other (please specify)
LLB	P.H.D	
BA / BSc / BEng	GDL	Prefer not to say

#### Age

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

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

#### Gender

What is your gender?

Male	Other
Female	Prefer not to say

#### **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 your sex at birth?

Yes

Prefer not to say



#### 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
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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?

Yes, limited a lot	No
Yes, limited a little	Prefer not to say

#### Ethnic group

What is your ethnic group? If you would prefer to write your own description of ethnicity please do not tick any of the boxes below but complete the write in option on the next question.

#### Asian / Asian British

	Bangladeshi	Indian Any other Asian background	
	Chinese Pakist	Pakistani	(write in)
Bla	ack / African / Caribbean / Black Britis	sh	
	African	Any other Black / Caribbean / Blac	k British background (write in)
	Caribbean		
Mi	xed / multiple ethnic groups		
	White and Asian	White and Black Caribbean	Any other mixed background
	White and Black African	White and Chinese	(write in)
W	nite		
	British	Any other white background	
	Irish	(write in)	
	Gypsy or Irish Traveller		
Ot	her ethnic group		
	Arab	Any other ethnic group (write in)	



#### **Religion or belief**

What is your religion or belief?

No religion or belief	Jewish	Any other religion (write in)
Buddhist	Muslim	
Christian (all denominations)	Sikh	Prefer not to say
Hindu		

#### **Sexual orientation**

What is your sexual orientation?

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

#### Socio-economic background

(a) If you have previously or are currently studying at University (to study a BA, BSc course or higher), were you part of the first generation of your family to do so?

Yes	Did not attend University
No	Prefer not to say

(b) Did you mainly attend a state or fee-paying school between the ages 11 - 18?

UK State School	Attended school outside the UK
UK Independent/Fee-paying	Prefer not to say
School	

#### **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 <u>c</u> of either:	give any help or support to family	members, friends, neighbours or others because	
Long-term physical or r	mental ill-health / disability	<ul> <li>Problems related to old age?</li> </ul>	
Do not count anything you do as part of your paid employment)			
No Yes, 1 - 19 hours a wee	Yes, 20 – 49 hours ek Yes, 50 or more ho	,	

### Thank you