|  |
| --- |
| **Internal Reference:**  *Please leave blank* |



**DIVERSITY DATA QUESTIONNAIRE**

St Ives Chambers is required by the Bar Standards Board to give you the opportunity to submit diversity data so that such data may be published in anonymised summary form.

You are under no obligation to provide diversity data and if you submit diversity data, you do so voluntarily. any diversity data that you submit will be processed for the purposes of publishing an anonymous summary at [www.stiveschambers.co.uk](http://www.stiveschambers.co.uk).

If you have any questions about this form, please contact our Diversity Data Officer at [matthew.maynard@stiveschambers.co.uk](mailto:matthew.maynard@stiveschambers.co.uk).

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**Personal details**

**Name**

First Name Last Name

**Email Address**

**1. ABOUT YOU**

Which of the following categories best describes your relationship with St Ives Chambers?

|  |  |
| --- | --- |
|  | **✓** |
| Barrister *(includes all tenants, QCs, juniors, pupils and door tenants)* |  |
| Staff |  |
| Applying for tenancy *(includes QCs, juniors and door tenants)* |  |
| Applying for pupillage *(includes third-six pupils)* |  |
| Applying for a staff position |  |
| Mini-pupil / other work experience |  |
| Prefer not to say |  |
| Other |  |
| (please specify) ……………………………………………………………………………………... |

**2. AGE**

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

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

**3. GENDER**

What gender do you identify with?

|  |  |
| --- | --- |
|  | **✓** |
| Woman (including trans woman) |  |
| Man (including trans man) |  |
| Prefer not to say |  |

**4. GENDER IDENTIFICATION**

Is the gender you identify with the same as your sex registered at birth?

|  |  |
| --- | --- |
|  | **✓** |
| Yes |  |
| No |  |
| Prefer not to say |  |

*This 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.*

**5. 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 |  |
|  | | **✓** |
| 1. 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 |  |

**6. ETHNIC GROUP**

(a) What is your ethnic group?

|  |  |  |
| --- | --- | --- |
|  | | **✓** |
| Mixed/multiple ethnic groups | White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| White and Chinese |  |
| Any other mixed/multiple ethnic background |  |
| Asian / Asian British | Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background |  |
| Black / Black British | African |  |
| Caribbean |  |
| Any other Black /Caribbean /British |  |
| White | British/ English / Welsh/ Northern Irish / Scottish |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White background |  |
| Other ethnic group | Roma |  |
| Other ethnic group | Arab |  |
| Any other Ethnic group | |  |
| Prefer not to say | |  |

(b) In the event that you have selected “other” in any category in response to question 6a, please provide further details if you wish to do so.

|  |
| --- |
| Type here |

**7. RELIGION OR BELIEF**

What is your religion or belief?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **✓** |  | **✓** |
| No religion or belief |  | Jewish |  |
| Buddhist |  | Muslim |  |
| Christian (all denominations) |  | Sikh |  |
| Hindu |  | Prefer not to say |  |
| Other | | |  |
| (please specify) ……………………………………………………………………………………… | | |

**8. SEXUAL ORIENTATION**

What is your sexual orientation?

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

**9. SOCIO-ECONOMIC BACKGROUND**

|  |  |  |
| --- | --- | --- |
|  | | **✓** |
| 1. 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 |  |
|  | | **✓** |
| 1. Did you mainly attend a state or fee-paying school between the ages of 11 and 18? | UK State School |  |
| UK Independent / Fee-paying School |  |
| Attended school outside the UK |  |
| Other |  |
| Prefer not to say |  |

**10. CARING RESPONSIBILITIES**

|  |  |  |
| --- | --- | --- |
|  | | **✓** |
| 1. Are you a primary carer for a child or children under 18? | Yes |  |
| No |  |
| Prefer not to say |  |
|  | | **✓** |
| 1. 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, OR    * 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 |  |
|  | |

**11. CONSENT**

(a) Do you consent to the processing and publication (on an anonymous basis) of your

data as set out in this form?

|  |  |
| --- | --- |
|  | **✓** |
| Yes |  |
| No |  |

(b) Do you consent to the publication of your data in anonymous form even if there are

fewer than 10 individuals identified against one or more of the characteristics? This

may result in identification.

|  |  |
| --- | --- |
|  | **✓** |
| Yes |  |
| No |  |

(c ) If you have answered "no" to the previous question, please detail the categories of

the above data you object to the publication of. This enables chambers to approach

the issue of publication of data appropriately.

|  |
| --- |
|  |

**Thank you for completing this questionnaire**