

# LITTLETON

## EQUALITY, DIVERSITY & INCLUSION MONITORING FORM

Littleton wishes to ensure that we are able to recruit, develop and retain the most talented barristers, pupils and staff to our Chambers. We value the diversity of backgrounds, skills and experiences found in Littleton, and actively promote an inclusive culture where all our members, pupils and staff are able to flourish.

As part of meeting our commitments to equality and diversity, Littleton collects and analyses statistical information on all those that apply for positions here. This enables us to ensure that we continue to attract and select our members, pupils and staff solely on the basis of talent and their potential to succeed.

The information that you are asked to provide in the sections below will be treated in the strictest confidence. The information requested covers those areas covered by the Equality & Diversity Code for the Bar and equalities legislation. It will be held confidentially by the Administration Director and will be used solely for statistical monitoring purposes. You are not obliged to provide this information but in doing so you will help us ensure that our recruitment is fair and objective for all.

Please answer each question in turn by choosing one option only, unless otherwise indicated. If you do not wish to answer the questions please choose the option "Prefer not to say" rather than leaving the question blank.

Application Number:

Date:

### 1. Age

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

16-24

25-34

35-44

45-54

55-64

65+

Prefer not  
to say

## 2. Sex

What is your sex?

Male		Female		Prefer not to say	
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## 3. Sexual Orientation

Bisexual		Gay man		Gay woman/lesbian	
Heterosexual / straight		Other		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.

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		Yes, limited a little		No	
Prefer not to say					

## 5. 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 (write in box below)			

### Asian / Asian British

Bangladeshi		Chinese		Indian	
Pakistani		Any other Asian background (write in box below)			

### Black/African/Caribbean/Black British

African	
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Caribbean	
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Black British	
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Any other Black/African/Caribbean/Black British (write in box below)	
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### White

British/English/Welsh/Northern Irish/Scottish	
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Irish	
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Gypsy or Irish Traveller	
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Roma	
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Any other White background (write in box below)	
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### Other Ethic Group

Arab	
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Any other ethnic group (provide details)	
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Prefer not to say	
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Other:

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## 6. What is your ethnic group?

No religious belief	
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Buddhist	
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Jewish	
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Sikh	
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Hindu	
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Muslim	
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Christian (all denominations)	
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Any other religion (write in box below)	
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Other:

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## 7. 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?

Yes	
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No	
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Did not attend university	
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Prefer not to say	
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(b) Did you mainly attend a state or fee paying school between the ages of 11-18??

UK selective state school (e.g. grammar school)		UK non-selective state school (e.g. comprehensive school)	
UK fee-paying school (private / independent)		School outside the UK	
UK fee-paying school supported by a means- tested scholarship / bursary		Prefer not to say	

(c) If you finished school after 1980, were you eligible for Free School Meals at any point during your school years?

Yes		No		Not applicable	
I don't know		Prefer not to say			

## 8. Caring Responsibilities

(a) Are you a primary carer for a child or children under 18?

Yes		No		Prefer not to say	
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(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 or problems relating to old age? (Do not count anything you do as part of 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			

## Data Protection

<input type="checkbox"/>	For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to Littleton Chambers processing the data supplied above in connection with monitoring compliance with its equal opportunities obligations and policy. Please note that we will retain your data for the length of time required to process your application. You can find our privacy policy at <a href="https://littletonchambers.com/privacy/">https://littletonchambers.com/privacy/</a>
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