



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.

Position Applied For:

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

3. Sexual Orientation

| | | | | | |
|---------------------------|--------------------------|---------|--------------------------|-----------------------|--------------------------|
| Heterosexual/ Straight | <input type="checkbox"/> | Gay Man | <input type="checkbox"/> | Gay Woman/ Lesbian | <input type="checkbox"/> |
| Bisexual | <input type="checkbox"/> | Other | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

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

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

5. What is your ethnic group?

Mixed / multiple ethnic groups

| | | | | | | | |
|---|--------------------------|-----------------------------|--------------------------|------------------------------|--------------------------|----------------------|--------------------------|
| White & Asian | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> | White, Black Caribbean | <input type="checkbox"/> | White and Chinese | <input type="checkbox"/> |
| Any other mixed ethnic background (please specify in the box at the end of section 5) | | | | | | | <input type="checkbox"/> |

Asian / Asian British

| | | | | | | | |
|--|--------------------------|---------|--------------------------|--------|--------------------------|-----------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Any other Asian background (please specify in the box at the end of section 5) | | | | | | | <input type="checkbox"/> |

Black / African / Caribbean / Black British

| | | | | | |
|---|--------------------------|-----------|--------------------------|---------------|--------------------------|
| African | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Black British | <input type="checkbox"/> |
| Any other ethnic background (please specify in the box at the end of section 5) | | | | | <input type="checkbox"/> |

White

| | | | | | | | |
|--|--------------------------|-------|--------------------------|-----------------------------|--------------------------|------|--------------------------|
| British/English/ Welsh/ Scottish/ Northern Irish | <input type="checkbox"/> | Irish | <input type="checkbox"/> | Gypsy/ Irish Traveler | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White background (please specify in the box at the end of section 5) | | | | | | | <input type="checkbox"/> |

Other Ethnic Group

| | | | |
|---|----------------------|-------------------|--------------------------|
| Please state other Ethnic background | <input type="text"/> | Prefer not to say | <input type="checkbox"/> |
|---|----------------------|-------------------|--------------------------|

6. What is your Religious Belief?

| | | | | | | | |
|---|--------------------------|-------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| No religious Belief | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Christian (all denominations) | | <input type="checkbox"/> | |
| Please state other religious belief | <input type="text"/> | Prefer not to say | | <input type="checkbox"/> | | | |

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 | <input type="checkbox"/> | No | <input type="checkbox"/> | Did not attend university | <input type="checkbox"/> |
| Prefer not to say | | | <input type="checkbox"/> | | |

(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) | <input type="checkbox"/> | UK non-selective state school (e.g. comprehensive school) | <input type="checkbox"/> |
| UK fee-paying school (private / independent) | <input type="checkbox"/> | School outside the UK | <input type="checkbox"/> |
| UK fee-paying school supported by a means-tested scholarship / bursary | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

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

| | | | | | | | |
|-------------------|--------------------------|----|--------------------------|----------------|--------------------------|--------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> | I don't know | <input type="checkbox"/> |
| Prefer not to say | | | <input type="checkbox"/> | | | | |

8. Caring Responsibilities

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

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

(b) Do you look after, or give any help or support to family members, friends, neighbors 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 | <input type="checkbox"/> | Yes, 1-19 Hours a week | <input type="checkbox"/> | Yes, 20-49 Hours a week | <input type="checkbox"/> | Yes, 50+ hours a week | <input type="checkbox"/> |
| Prefer not to say | | | <input type="checkbox"/> | | | | |

Data Protection



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 <https://littletonchambers.com/privacy/>

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