

MODEL DIVERSITY DATA QUESTIONNAIRE

The responses in this document are representative of the whole Practice.

About you

If you are an authorised person 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	QC	2
	Tenant / Member	4
	Other (including pupil)	1

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

	√
Any other fee earning role (e.g. trainee solicitor, legal executive (not Fellow), paralegal)	
Any role directly supporting a fee earner (e.g. legal secretary, administrator, barristers clerk, practice manager, legal assistant, paralegal)	2
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)	
An IT/HR/other corporate services role	
Prefer not to say	

Your role in your organisation

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 organisation (e.g. equity partner, shareholder)?

	√
Yes	3
No	6
Prefer not to say	1

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

	√
Yes	2
No	7
Prefer not to say	1

Age

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

	√
16 – 24	
25 – 34	1
35 – 44	
45 – 54	4
55 – 64	1
65+	3
Prefer not to say	1

Gender

What is your gender?

	√
Male	6
Female	4
Prefer not to say	

Gender

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 the same as you were assigned at birth?

	√
Yes	10
No	
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	10
Prefer not to say	

(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	1
No	8
Prefer not to say	1

Ethnic Group

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)	

Asian / Asian British

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

Black / African / Caribbean / Black British

	√
African	
Caribbean	
Any other Black / Caribbean / Black British (write in)	

White

	√
British / English / Welsh / Northern Irish / Scottish	10
Irish	
Gypsy or Irish Traveller	
Any other White background (write in)	

Other ethnic group

	√
Arab	
Any other ethnic group (write in)	
Prefer not to say	

Religion or belief

What is your religion or belief?

	√
No religion or belief	
Buddhist	
Christian (all denominations)	8
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion (write in)	1-Pagan
Prefer not to say	1

Sexual orientation

What is your sexual orientation?

	√
Bisexual	
Gay man	
Gay woman / lesbian	
Heterosexual / straight	10
Other	
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?

	√
Yes	4
No	5
Did not attend University	1
Prefer not to say	

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

	√
UK State School	6
UK Independent / Fee-paying School	3
Attended school outside the UK	1
Prefer not to say	

Caring responsibilities

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

	√
Yes	4
No	6
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

(Do not count anything you do as part of your paid employment)

	√
No	7
Yes, 1 – 19 hours a week	2
Yes, 20 – 49 hours a week	
Yes, 50 or more hours a week	
Prefer not to say	1

Thank you for completing this questionnaire