

**WILBERFORCE CHAMBERS**  
**EQUALITY MONITORING FORM**

Wilberforce Chambers is committed to ensuring that its recruitment processes are fair and to encouraging a range of applicants for staff roles from diverse backgrounds.

It would greatly assist us in monitoring the effectiveness of our policies if you could please complete this form and return it with your application.

The information on this form will be used only for monitoring purposes and not for the purpose of assessing the merits of your application. Full details of how this information will be processed are set out in the Policy on The Equality Monitoring of Staff Applications on the Wilberforce Chambers' website.

**1. What is your current age in years?**

.....

Prefer not to say

**2. What is your gender?**

Male

Female

Prefer not to say

**3. Do you consider yourself to be disabled to the extent that you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?**

Yes

No

Prefer not to say

**4. 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. Which of the following options most closely describes your ethnic origin?**

Asian / Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani

Any other Asian background (please specify): .....

Black / African / Caribbean

- Black African
- Black Caribbean

Any other Black / Caribbean /Black British (please specify): .....

White

- White British
- White Irish
- Gypsy or Irish Traveller

Any other White Background (please specify): .....

Other ethnic group

- Arab

Any other ethnic group (please specify): .....

Mixed / multiple ethnic groups

White and Asian

White and Black African

White and Black Caribbean

White and Chinese

Any other mixed / multiple ethnic background (please specify):

.....

**6. Do you identify yourself as belonging to a religion?**

Yes

No

Prefer not to say

**7. If 'yes', what is your religion?**

Buddhist

Christian (all denominations)

Hindu

Jewish

Muslim

Sikh

Any other religion (please specify): .....

**8. What is your sexual orientation?**

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

**9. Are you a primary carer for a child or children under the age of 18?**

- Yes
- No
- Prefer not to say

**10. 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