



The Council  
of the Inns  
of Court

## Equality and Diversity Monitoring form

The Council of the Inns of Court and subsidiary organisations: [The Inns of Court College of Advocacy \(ICCA\)](#), [The Advocates' Gateway \(TAG\)](#) and [the Bar Tribunals and Adjudication Service \(BTAS\)](#), are committed to eliminating discrimination and encouraging diversity. To that end COIC will monitor applications to help ensure equality and fairness in the selection process.

Neither this form nor your responses on it will be made available to any individuals involved in the selection process. Any information given is at your sole discretion and not compulsory, however we strongly encourage you to help us by completing this form.

Data collected will be treated as confidential and stored securely in accordance with COIC's Data Protection policy. It will not be published in a way which might identify any individual. The raw data will be kept only for monitoring purposes.

Please answer each question with one option only, unless otherwise indicated. If you do not wish to answer the question please choose the option 'Prefer not to say' rather than leaving the question blank.

Question formats are based on Legal Services Board approved monitoring questions, and the form itself is adapted from that used by the Bar Council and the Bar Standards Board.

**The Council of the Inns of Court**

9 Gray's Inn Square,  
London WC1R 5JD  
T: 020 7822 0760  
E: [info@coic.org.uk](mailto:info@coic.org.uk)

Limited by Guarantee

Company Number: 8804708  
Charity Number: 1155640  
Registered Office:  
9 Gray's Inn Square, London WC1R 5JD

## 1. Age

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

16 - 24                      35 - 44                      55 - 64

25 - 34                      45 - 54                      65+

Prefer not to say

## 2. 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

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

## 3. What is your gender?

Male                              Female                              Prefer not to say

## 4. What is your religion or belief?

No religion or belief    Christian (all denominations)

Buddhist    Hindu

Jewish    Muslim

Sikh    Prefer not to say

Any other religion (write in)

## 5. What is your sexual orientation?

Bisexual

Gay man

Gay woman/lesbian

Heterosexual/  
straight

Other

Prefer not to say

## 6. What is your Ethnic group?

### 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)

### 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)

### White

British / English / Welsh / Northern Irish / Scottish

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

## 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

No

Did not attend University

Prefer not to say

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

UK state school

UK Independent/  
fee-paying school

Attended school outside  
the UK

Prefer not to say

## 8. Caring responsibilities

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

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

Yes

No

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?

No

Yes, 1 - 19 hours a week

Yes, 20 - 49 hours a week

Yes, 50 or more hours a week

Prefer not to say