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**Institute of Paralegals**

Setting Standards – Promoting Professionalism

**Diversity Monitoring Form**

This form asks lots of personal questions about your background. We apologise for asking such sensitive questions. We are doing so for two very important reasons: (1) there is no national profile of who paralegals are - that makes things complicated when it comes to planning; (2) we want the paralegal profession to be open to all people of sufficient talent. Questionnaires like this are the only way to find out whether we are achieving that goal.

Any information you give in this form is confidential. It is for statistical purposes only, so we do NOT need to know who it is from. We just use the information to record numbers, then we dispose of the forms. So please do **not** add your name. Please note therefore that if you have a disability that you would like us to be aware of, please mention it in within the ‘Any Other Matters’ section of your application form, otherwise we will not know.

Please place a tick (√) in the most appropriate **[ ]** in each section. Please return this form by email or by post, Details are below.

**A. Grade and Branch of Membership**

|  |  |  |  |
| --- | --- | --- | --- |
| Affiliate Member  **[ ]** | Associate Paralegal **[ ]** | Qualified Paralegal **[ ]** | Fellow of the IoP **[ ]** |
|  |  |  |  |
| UK Member **[ ]** | Hong Kong Member **[ ]** | International Member **[ ]** |  |

**B. Ethnicity**

This question is **not** about your nationality, place of birth or citizenship – it is about the group to which you as an individual perceive you belong. The codes and descriptions are those options the ONS currently recommends for ethnicity surveys. Please tick the group that you feel most accurately describes you or use the description boxes.

|  |  |  |
| --- | --- | --- |
| **England and Wales** | **Northern Ireland** | **Scotland** |
| **White** |
| English/Welsh/Scottish/Northern Irish/British **[ ]** |  | Scottish **[ ]** |
|  | Other British **[ ]** |
| Irish **[ ]** |  |  |
| Gypsy or Irish traveller **[ ]** | Irish Traveller**[ ]**  | Gypsy or Irish Traveller **[ ]**  |
|  | Polish **[ ]** |
| Any other White background, please describe **[ ]** |  | Any other White ethnic group, please describe **[ ]** |
| **Mixed / multiple ethnic groups** | **Mixed or Multiple ethnic groups** |
| White and Black Caribbean **[ ]** |  |
| White and Black African **[ ]** |  |
| Any other Mixed / Multiple ethnic background, please describe | Any Mixed or Multiple ethnic groups, please describe |
| **Asian / Asian British** | **Asian, Asian Scottish or Asian British** |
| Indian **[ ]** | Indian, Indian Scottish or Indian British **[ ]** |
| Pakistani **[ ]** | Pakistani, Pakistani Scottish or Pakistani British **[ ]** |
| Bangladeshi **[ ]** | Bangladeshi, Bangladeshi Scottish or Bangladeshi British **[ ]** |
| Chinese **[ ]** | Chinese, Chinese Scottish or Chinese British **[ ]** |
| Any other Asian, please describe  |
| **Black / African / Caribbean / Black British** |  |
| African **[ ]** | **African [ ]** |
|  | African, African Scottish or African British **[ ]** |
|  | Any other African, please describe |
| Caribbean **[ ]** | **Caribbean or Black** |
|  | Caribbean, Caribbean Scottish or Caribbean British **[ ]** |
|  | Black, Black Scottish or Black British **[ ]**  |
| Any other Black / African / Caribbean background, please describe | Any other Caribbean or Black, please describe |
| **Other ethnic group** |
| Arab **[ ]** | Arab, Arab Scottish or Arab British **[ ]** |
| Any other ethnic group, please describe |

**C. Health**

Do you have a disability, long - term illness or health condition?

|  |  |  |
| --- | --- | --- |
| Yes **[ ]** | No **[ ]** | Prefer Not To Say **[ ]** |

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person’s ability to carry out normal day-to-day activities.

|  |  |
| --- | --- |
| Blind or Sight Loss | **[ ]** |
| Deaf or Hearing Loss | **[ ]** |
| Mobility eg difficulty walking short distances or climbing stairs | **[ ]** |
| Manual Dexterity | **[ ]** |
| Learning Disability where a person learns in a different way- eg dyslexia | **[ ]** |
| Mental Illness eg schizophrenia or depression | **[ ]** |
| Speech Impairment | **[ ]** |
| Cognative Disability eg eg brain injury, autism, attention deficit hyperactivity disorder or Asperger’s syndrome | **[ ]** |
| Other impairment – eg epilepsy, cardiovascular conditions, asthma, cancer, facial disfigurement, sickle cell anaemia, or progressive condition such as motor neurone disease | **[ ]** |
| Other | **[ ]** |
| Prefer not to say | **[ ]** |

**D. Age**

Are you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 25 **[ ]** | 25-34 **[ ]**  | 35-44 **[ ]**  | 45-54 **[ ]**  | 55-64 **[ ]**  | 65+ **[ ]** |

**E. Sexual Orientation**

As people are discriminated against because of their sexual orientation, we believe that it is helpful to gather this information. We appreciate that you may not wish to answer this question however - in which case please tick the ‘Prefer not to say’ box. Which best describes you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual **[ ]** | Lesbian **[ ]** | Gay **[ ]** | Bi-sexual **[ ]** | Other | Prefer not to say **[ ]** |

**F. Gender**

Gender Identity- which best describes you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male **[ ]** | Female **[ ]**  | Trans-gender **[ ]**  | In some other way **[ ]** | Prefer not to say **[ ]** |

**G. Religion**

|  |  |  |
| --- | --- | --- |
| Buddhist **[ ]**  | No religion **[ ]**  | Other **[ ]**  |
| Christian **[ ]**  | Jewish **[ ]**  | Prefer not to say **[ ]**  |
| Hindu **[ ]**  | Muslim **[ ]**  | Sikh **[ ]**  |

**H. Social Origins**

After some decades of social mobility, studies are showing that ‘class’ is again becoming a major determinant of many people’s career opportunities, and that law is particularly elitist. Please help us track this regression through ticking the box that best describes the occupations of your parents or guardians:

|  |  |  |
| --- | --- | --- |
| Higher managerial or professional occupations or a large employer **[ ]**  | Small employers & own account workers **[ ]**  | Routine occupations **[ ]**  |
| Lower managerial and professional occupations **[ ]**  | Lower supervisory & technical occupations **[ ]**  | Never worked/long-term unemployed **[ ]**  |
| Intermediate occupations **[ ]**  | Semi-routine occupations **[ ]**  |  |

**Thank you.** If you have any questions about this form, please contact us. We will be happy to answer your questions without asking for your identity.

Institute of Paralegals

Suite 1, 3rd Floor

11-12 St.James’s Square

SW1Y 4LB

London

United Kingdom

Tel: 020 3034 1487 Email: office@theiop.org web: www.theiop.org