

Annex C

**AGREED EQUALITY MONITORING QUESTIONNAIRE
ON ACCESS TO THE PROFESSION for BPTC ONLINE**

1a) Forename/s:

.....

1b) Surname:

.....

2a) Permanent Address:

.....

.....

2b) Postcode:.....

3. Date of Birth:

...../...../.....

4. Nationality or Citizenship – please specify:

.....

5. Are you a home, EU or international student?

Home

EU

International

6. Are you:

Male

Female

7. Do you have a child or children?

Yes

No

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

State

Fee paying

8(ii). If you attended a fee paying school, please tick the box if you received any kind of financial award to cover 50% or more of the school fees.

9. Did you receive any kind of state grant towards tuition fees or maintenance for your first degree?

Yes

No

10. Was your first degree taken:

Full-time

Part-time

11(a).When you studied your first degree please state the occupation of the higher earner of your parents/guardians:

Job title:

Nature of Business

Does he/she hold a degree.....

11(b) Did either of or both of your parents obtain a degree from a higher education establishment?

12. Do you have any professional qualifications in any of the following?

(Please tick as many as apply.)

- | | |
|---|--------------------------|
| Medicine/dentistry | <input type="checkbox"/> |
| Solicitor | <input type="checkbox"/> |
| Academic Law | <input type="checkbox"/> |
| Teaching | <input type="checkbox"/> |
| Nursing and other healthcare Professional | <input type="checkbox"/> |
| Architecture/surveying | <input type="checkbox"/> |
| Engineering | <input type="checkbox"/> |
| Social work/ social welfare professions | <input type="checkbox"/> |
| Accountancy | <input type="checkbox"/> |
| Other financial/taxation | <input type="checkbox"/> |
| Information and communication Technology | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| None | <input type="checkbox"/> |
-

13(i) How are you funding the BPTC? Please tick as many as apply.

- | | |
|---------------------------------|--------------------------|
| Personal savings | <input type="checkbox"/> |
| Part-time work | <input type="checkbox"/> |
| Support from partner | <input type="checkbox"/> |
| Support from parents/family | <input type="checkbox"/> |
| Inns Scholarship | <input type="checkbox"/> |
| Inns Bursary | <input type="checkbox"/> |
| Inns Entrance awards | <input type="checkbox"/> |
| 'Draw down' from chambers | <input type="checkbox"/> |
| Bank loan | <input type="checkbox"/> |
| Other loan | <input type="checkbox"/> |
| Charitable Trust Grant or award | <input type="checkbox"/> |

- | | |
|--------------------------------|--------------------------|
| Local Authority Grant or award | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

13(ii) Please indicate your approximate anticipated level of debt, if any on completion of pupillage

- | | |
|-----------------|--------------------------|
| No Debt | <input type="checkbox"/> |
| Less than £1000 | <input type="checkbox"/> |
| £1000-£4,999 | <input type="checkbox"/> |
| £5000-£9999 | <input type="checkbox"/> |
| £10,000-£14,999 | <input type="checkbox"/> |
| £15,000-£19,999 | <input type="checkbox"/> |
| £20,000-£29,999 | <input type="checkbox"/> |
| £30,000 + | <input type="checkbox"/> |
-

14(i). Have you applied for pupillage?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

14(ii). If not, do you intend to apply for pupillage?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
-

15(i). Have you received a pupillage offer?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

15(ii). If yes, have you received any funding from your pupillage provider for your BPTC year?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
-

16. Do you intend to enter employed or self-employed practice at the Bar of England and Wales?

- | | |
|---------------|--------------------------|
| Employed | <input type="checkbox"/> |
| Self-Employed | <input type="checkbox"/> |
| Undecided | <input type="checkbox"/> |

- Neither
- Overseas

17. What is your sexual orientation?

- Bisexual
- Gay Man
- Gay Woman/Lesbian
- Heterosexual/Straight
- Other
- Prefer not to say

18. Please tick one of the boxes from the groups below to indicate your ethnic background.

A) White

- White British
- White Irish
- Other White

B) Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other Mixed

C) Asian

- Asian Indian
- Asian Pakistani
- Asian Bangladeshi
- Other Asian

D) Black or Black British

- Black African
- Black Caribbean
- Other Black

E) Chinese or Other Ethnic Group

- Chinese
-

Any other ethnic group

19 (i). Do you consider yourself to have a disability?

The Equality Act defines a person as having a disability if he or she 'has a physical or mental impairment, which has a substantial long term, adverse effect on ability to carry out normal day-to-day activities'. Long term means 12 months or more.

Yes

No

19(ii). If 'yes', what is the nature of your disability?

INSERT TEXT BOX

19(iii). Will you require any adjustments:

a) To the arrangements for learning and examination while on the BPTC

Yes

No

b) To overcome specific barriers in practice as a barrister

Yes

No

20. Please indicate your religion or belief:

None

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Agnostic

Other

Prefer not to say

21 Date of completion of form:

.....

22. Consent

I am content for this data to be used for the purposes described in the accompanying guidance note.

.....(Signature)