

# PAYNE HICKS BEACH

## EQUAL OPPORTUNITIES MONITORING FORM

Payne Hicks Beach LLP is an equal opportunities employer and operates a policy dealing with the avoidance of discrimination. All job applicants receive equal treatment regardless of race, colour, ethnic or national origin, sex, marital status, sexual orientation, religion, disability or age.

To assist us in monitoring the applications which we receive, we should be grateful if you would complete and return this form together with your application.

All information you supply will be kept in strict confidence. It will be processed in accordance with the UK General Data Protection Regulation (“UK GDPR”) and applicable laws relating to data protection. For further details, please refer to the Privacy Notice for Personnel, which describes how we collect and use personal information about you, including Sensitive Personal Data, before, during and after your working relationship with us. By completing this form, you expressly consent to the firm holding, processing and transferring the data it contains for statistical purposes only.

You are not required to complete this form, but are encouraged to do so to ensure that the monitoring process is as accurate as possible.

### Gender

- |                                 |                                                      |
|---------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Other preferred description |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say           |

### Age

- |                                |                                            |
|--------------------------------|--------------------------------------------|
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 55-64             |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65+               |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 45-54 |                                            |

### Ethnicity

Please indicate your ethnic origin:

- |                                                        |                                            |
|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> White/European (including UK) | <input type="checkbox"/> Mixed             |
| <input type="checkbox"/> Black or Black British        | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Asian or Asian British        | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Chinese                       |                                            |

### Nationality

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**Please indicate your religion:**

- |                                    |                                                                         |
|------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Sikh                                           |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion                                    |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Prefer not to say                              |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Other religion, please specify:                |
| <input type="checkbox"/> Muslim    | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

The Equality Act 2010 ("EA") defines disability as "physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities". The definition of the EA is very broad and may encompass a wide range of conditions such as physical impairment, deafness, epilepsy, diabetes, dyslexia, HIV, cancer, RSI and mental health problems such as depression.

**In accordance with this definition, do you consider yourself to have a disability?**

- |                              |                                            |
|------------------------------|--------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No  |                                            |

**If yes, does your disability limit your activity?**

- |                                        |                                            |
|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Yes, a little | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes, a lot    | <input type="checkbox"/> Prefer not to say |

If you answered "yes" and wish to indicate the nature of your disability, please do so below.

**What is your sexual orientation?**

- |                                                |                                            |
|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Lesbian           |
| <input type="checkbox"/> Bisexual              | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay man               |                                            |

**Primary Carer?**

- |                              |                                            |
|------------------------------|--------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No  |                                            |

**Look after?**

- |                                                     |                                                        |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> No                         | <input type="checkbox"/> Yes – 50 or more hours a week |
| <input type="checkbox"/> Yes – 1-19 hours per week  | <input type="checkbox"/> Prefer not to say             |
| <input type="checkbox"/> Yes – 20-49 hours per week |                                                        |

**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

Not applicable

No

Prefer not to say

**Did you mainly attend a fee paying school between the ages of 11-18?**

Yes

Prefer not to say

No