

Applicants to the CPS Advocate Panel may complete this Equalities Monitoring Form. Your application will still be accepted without it.

The information you provide will be treated as confidential, and will be used for statistical purposes only. It will not be forwarded to the assessment panel and will not form part of the assessment process.

Please complete this form electronically. You can navigate through the form using the Tab key. Please submit this form (together with your application) as an e-mail attachment to advocate.panels@cps.gsi.gov.uk.

Section 1: Personal Information

Last Name:

First Name & Middle Name(s):

Level Applied for:

Bar Number (5 digits):

Enter 'S' if you are a solicitor-advocate

Section 2: Gender

What do you consider your gender to be?

Male

Prefer not to say

Female

Section 3: Age

Please select your age category:

16-19

45-49

20-24

50-54

25-29

55-59

30-34

60-64

35-39

65+

40-44

Prefer not to say

Section 4: Nationality

Which nationality do you most identify with?

British or Mixed British
English
Irish
Scottish

Welsh
Other (*specify*):
Prefer not to say

Section 5: Ethnic Background

Which ethnic background do you most identify with?

Asian Bangladeshi
Asian Indian
Asian Pakistani
Other Asian (*specify*):
Black African
Black Caribbean
Other Black (*specify*):
Other Chinese (*specify*):
Mixed Asian & White

Mixed Black African & White
Mixed Black Caribbean & White
Other Mixed (*specify*):
White British
White Irish
Other White (*specify*):
Other Ethnic Group (*specify*):
Prefer not to say

Section 6: Sexual Orientation

Which of the following best describes you?

Bisexual
Homosexual
Heterosexual

Other (*specify*):
Prefer not to say

Section 7: Religious Beliefs

Which of the following best describes you?

Agnostic
Atheist
Bahá'í
Buddhist
Christian
Hindu
Jewish

Muslim
Not Religious
Other (*specify*):
Pagan
Sikh
Prefer not to say

Section 8: Disability

The Disability Discrimination Act 1995 (DDA) defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as defined above?

Yes

No

Prefer not to say

If you are disabled, as defined by the DDA above, please give details of any arrangements or considerations we need to take account of, to enable you to participate in the recruitment process. If you are successful, please inform the HR representative or Panel administration mailbox at the earliest opportunity of any reasonable adjustments which would be required to enable you to undertake the role.