

**clerk**s**room**

E&D Results | January 2013

the service  
the people  
the **quality**

# 1. About You

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- 1a** If you are an authorised person for the purpose of the Legal Services Act 2007 (i.e. you hold a practising Certificate issued by one of the approved regulators), please indicate your professional qualification(s) and role (tick all that apply if you are dual qualified and have a current practising certificate for more than one approved regulator):

<b>QC</b>	<b>1</b>
<b>TENANT/MEMBER</b>	<b>44</b>
<b>OTHER</b>	<b>0</b>
<b>PREFER NOT TO SAY</b>	<b>3</b>

- 1b** If you do not fall into any of the categories listed above, please indicate which of the following categories best fits your role:

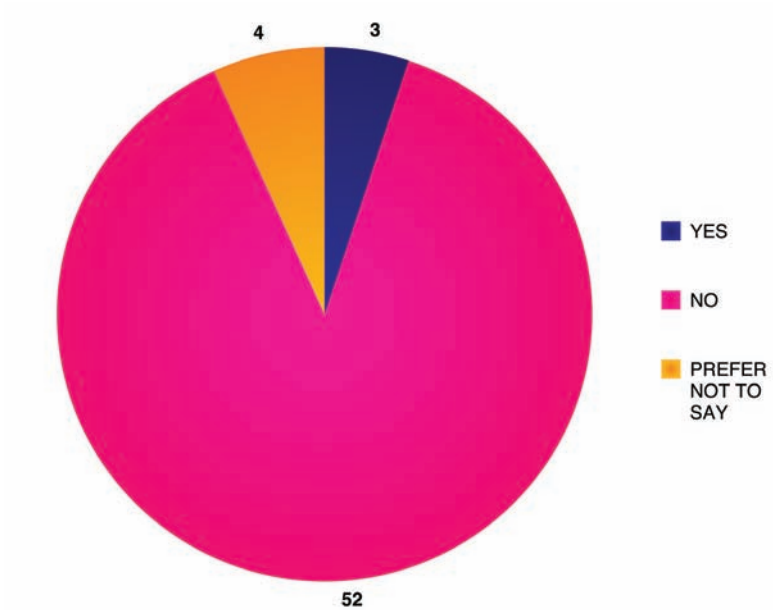
<b>ANY OTHER FEE EARNING ROLE</b> <i>(e.g. trainee solicitor, legal executive (not Fellow), paralegal)</i>	<b>0</b>
<b>ANY ROLE DIRECTLY SUPPORTING A FEE EARNER</b> <i>(e.g. legal secretary, administrator, barristers clerk, practice manager, legal assistant, paralegal)</i>	<b>10</b>
<b>A MANAGERIAL ROLE</b> <i>(e.g. Director / non-lawyer Partner/Chief Executive/ Practice Director or similar, Head of Legal Practice (HoLP)/ Head of Finance &amp; Administration (HoFA) or similar)</i>	<b>1</b>
<b>AN IT/HR/OTHER CORPORATE SERVICES ROLE</b>	<b>0</b>
<b>PREFER NOT TO SAY</b>	<b>0</b>

# 2. Your role in your organisation

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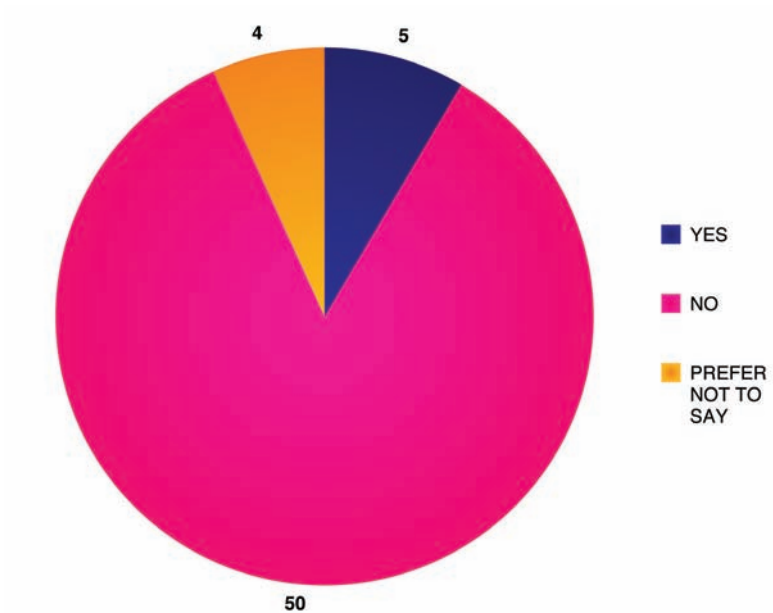
**2a** Do you have a share in the ownership of your organisation (e.g. equity partner, shareholder)?

<b>YES</b>	<b>3</b>
<b>NO</b>	<b>52</b>
<b>PREFER NOT TO SAY</b>	<b>4</b>



**2b** Do you have responsibility for supervising or managing the work of lawyers or other employees?

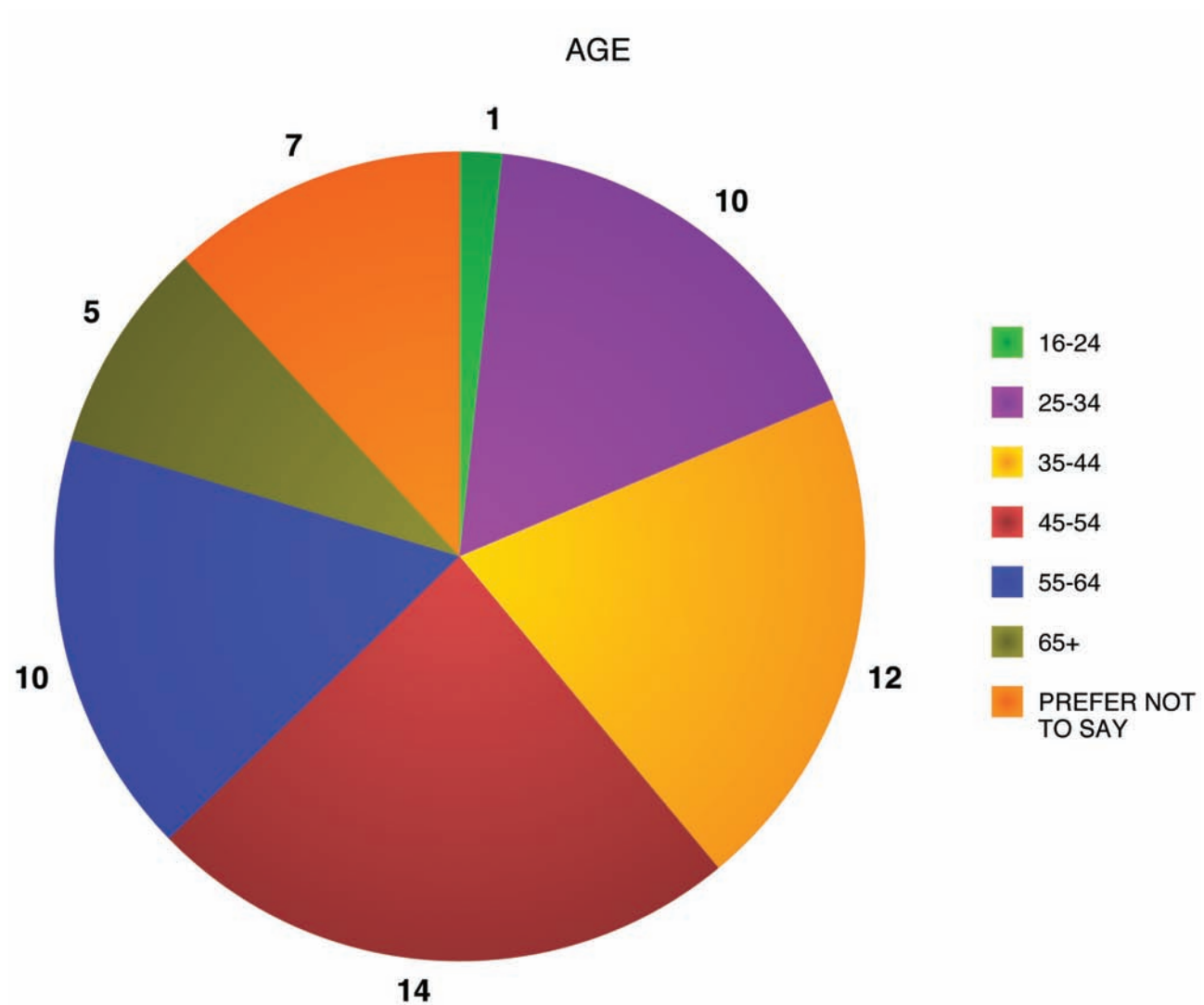
<b>YES</b>	<b>5</b>
<b>NO</b>	<b>50</b>
<b>PREFER NOT TO SAY</b>	<b>4</b>



### 3. Age

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

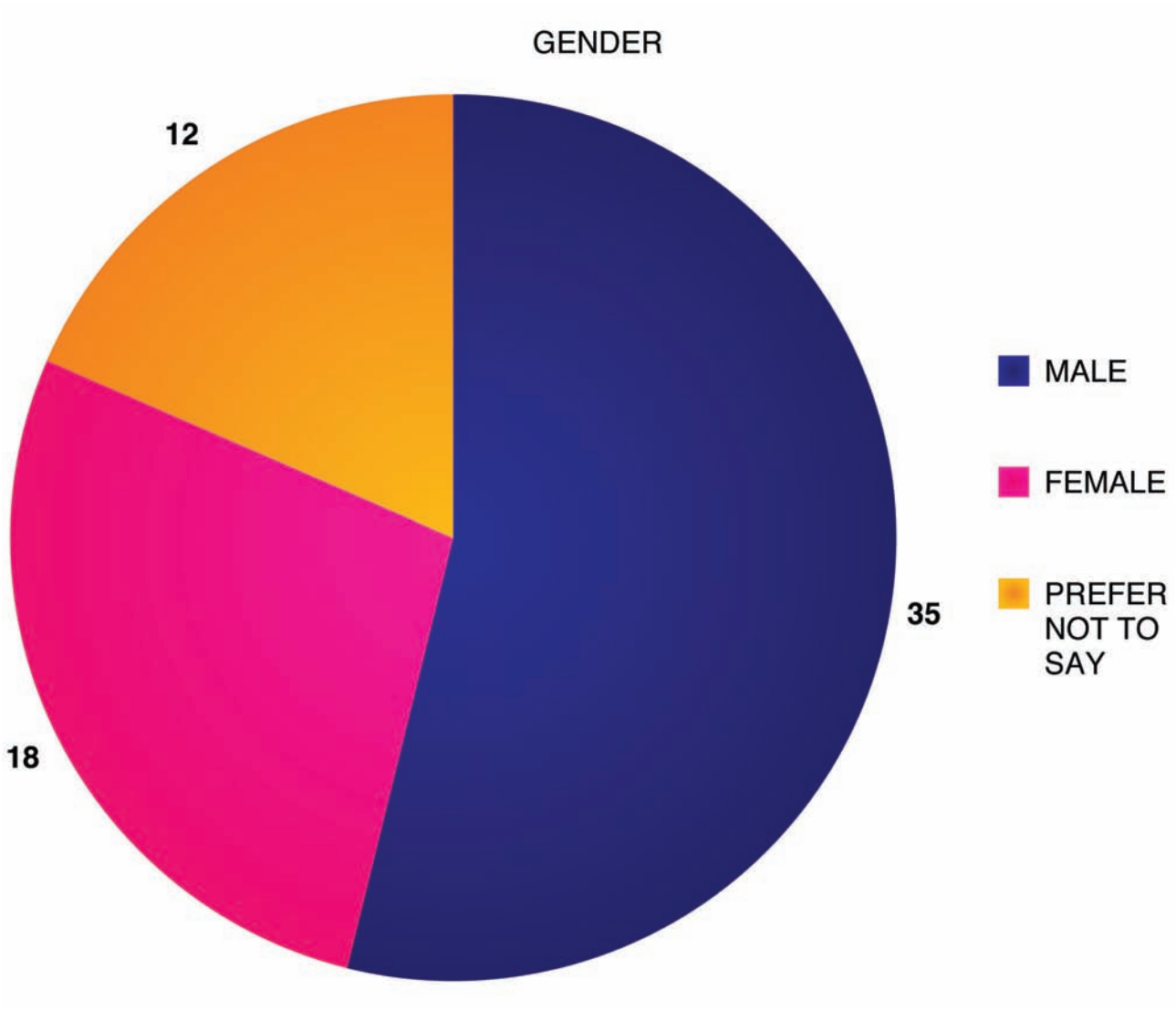
16-24	1
25-34	10
35-44	12
45-54	14
55-64	10
65+	5
PREFER NOT TO SAY	7



# 4. Gender

4    What is your gender?

MALE	35
FEMALE	18
PREFER NOT TO SAY	6

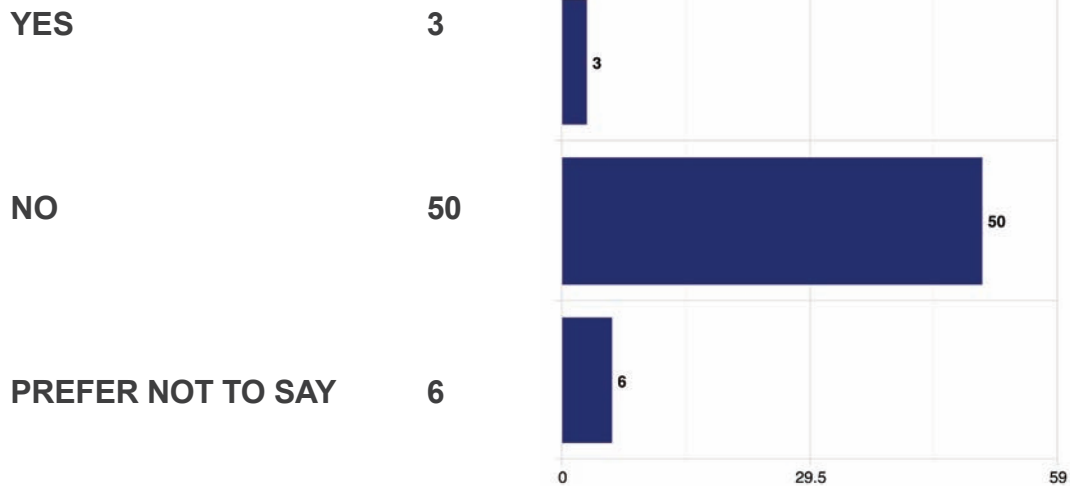


## 5. Disability

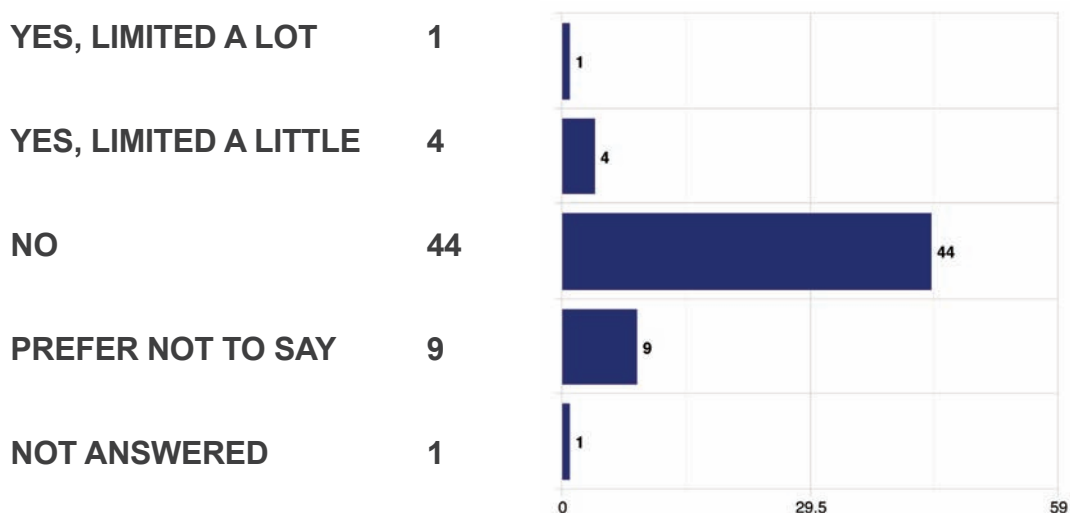
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The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

5a Do you consider yourself to have a disability according to the definition in the Equality Act?

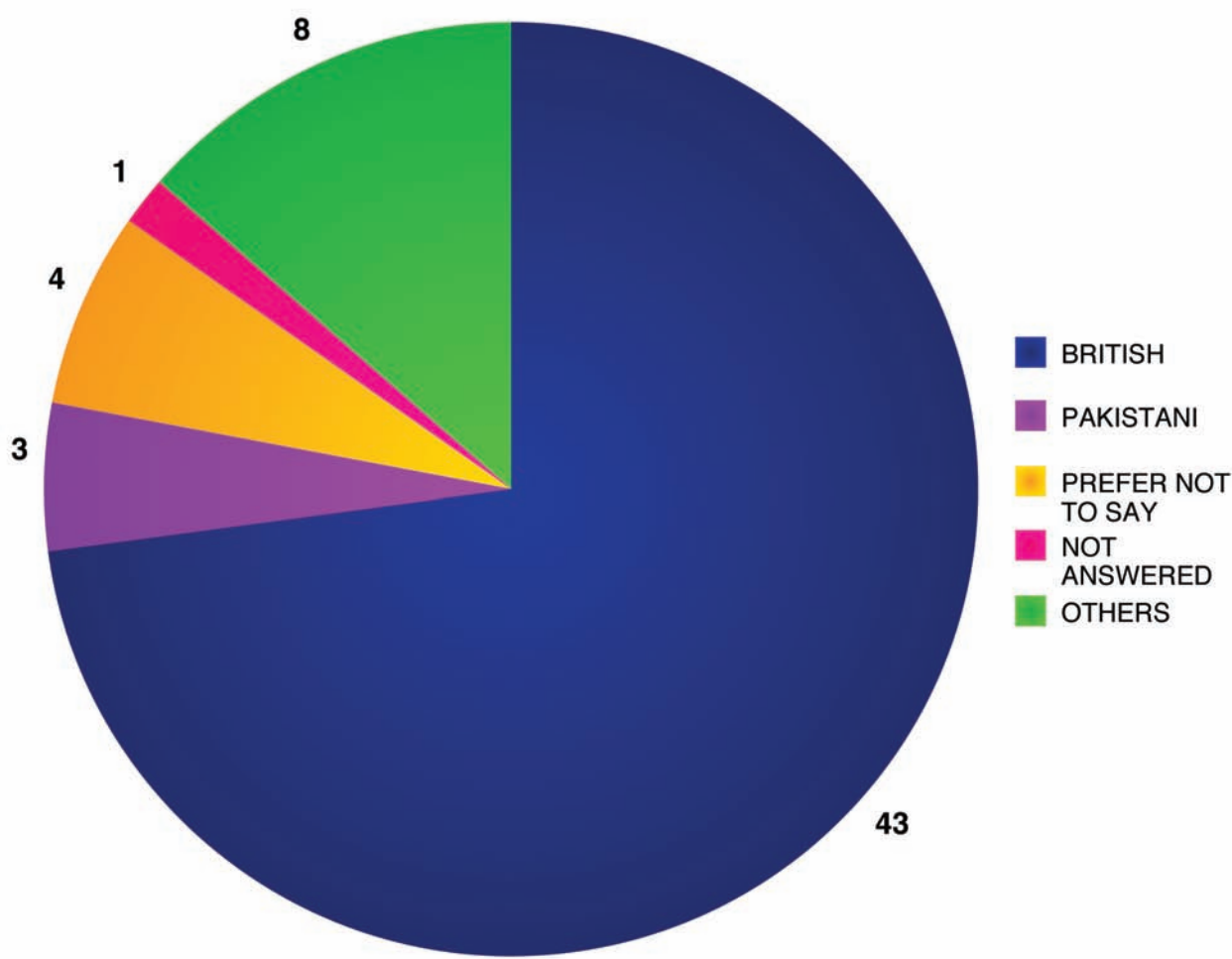


5b Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?



# 6. Ethnic Group

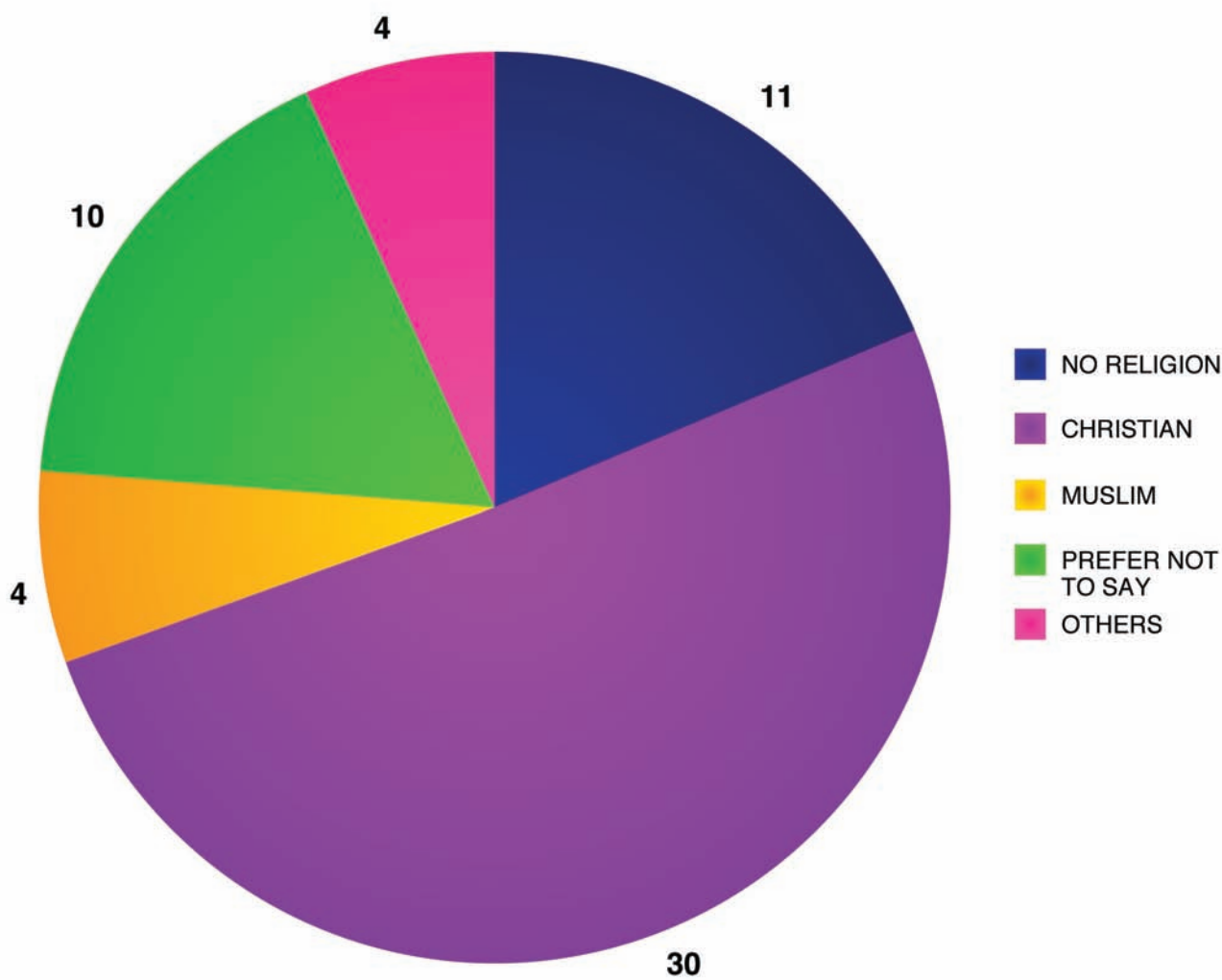
6	What is your ethnic group?	
	INDIAN	1
	PAKISTANI	3
	BLACK BRITISH	1
	WHITE AND BLACK AFRICAN	1
	BRITISH / ENGLISH / WELSH / NORTHERN IRISH / SCOTTISH	43
	GYPSY OR IRISH TRAVELLER	1
	AUSTRALIAN	1
	GERMAN	1
	JEWISH	1
	OTHER (NOT SPECIFIED)	1
	PREFER NOT TO SAY	4
	NOT ANSWERED	1



# 7. Religion or belief

7 What is your religion or belief?

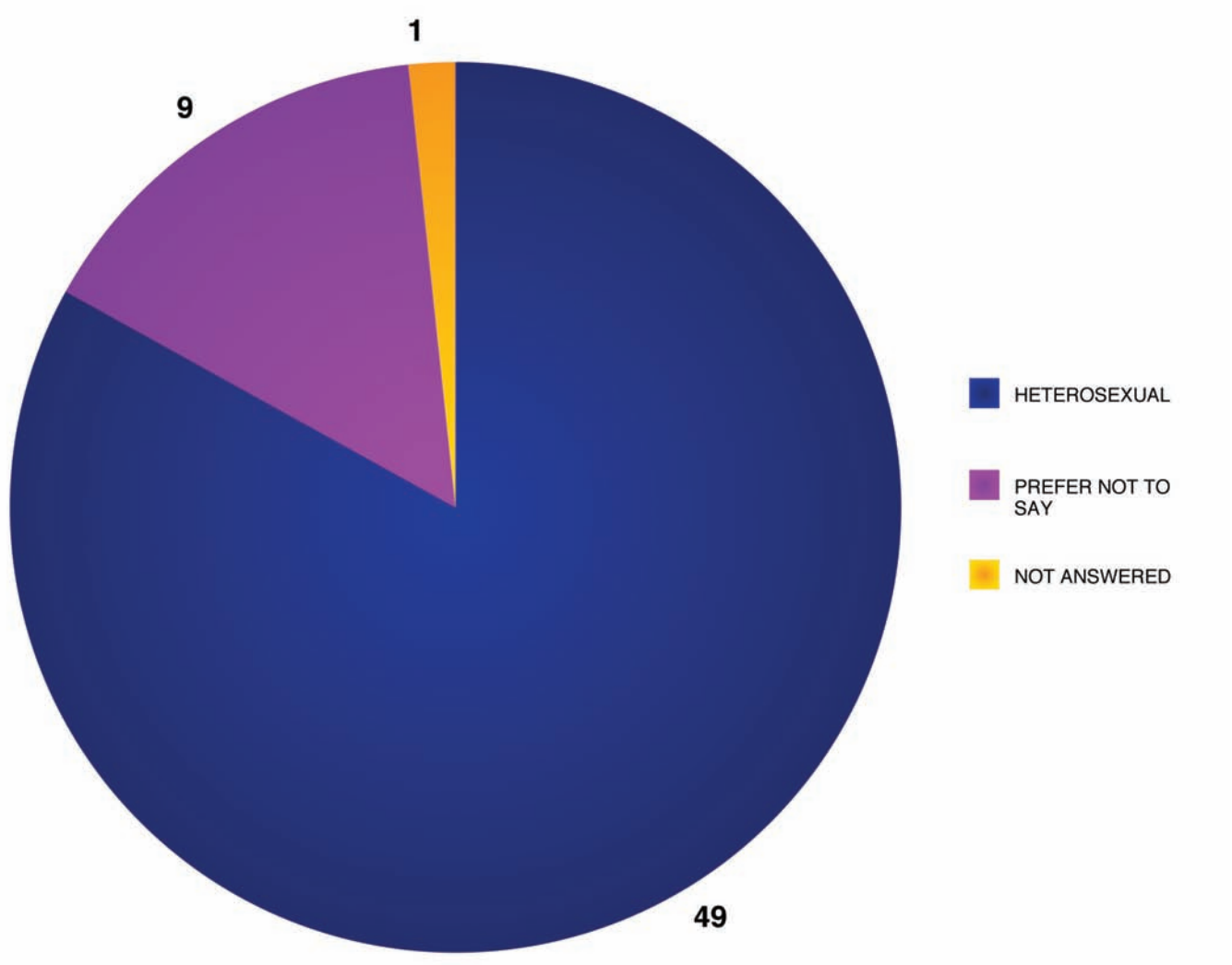
NO RELIGION OR BELIEF	11
BUDDHIST	1
CHRISTIAN (ALL DENOMINATIONS)	30
HINDU	1
JEWISH	1
MUSLIM	4
SIKH	0
ANY OTHER	1
PREFER NOT TO SAY	10





# 8. Sexual orientation

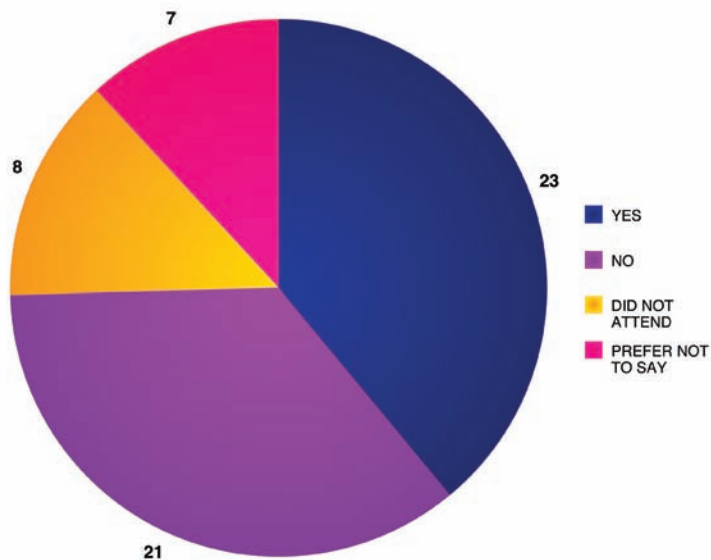
8	What is your sexual orientation?	
	BISEXUAL	0
	GAY MAN	0
	GAY WOMAN / LESBIAN	0
	HETEROSEXUAL / STRAIGHT	49
	OTHER	0
	PREFER NOT TO SAY	9
	NOT ANSWERED	1



## 9. Socio-economic background

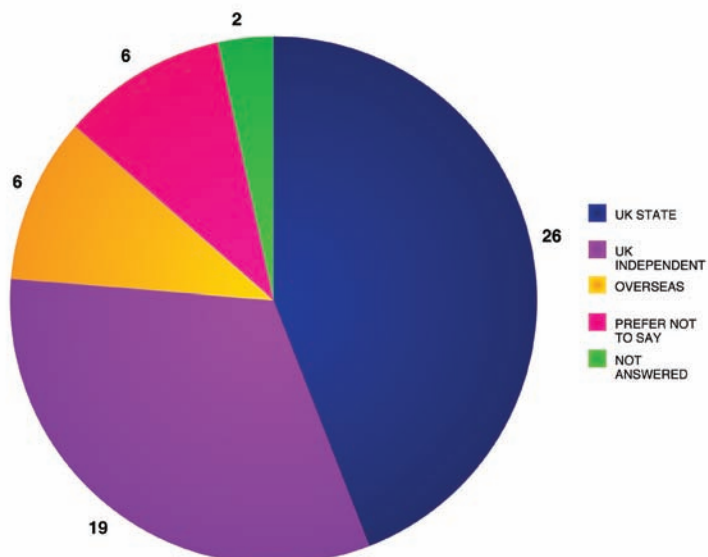
9a If you went to University (to study a BA, BSc course or higher), were you part of the first generation of your family to do so?

<b>YES</b>	<b>23</b>
<b>NO</b>	<b>21</b>
<b>DID NOT ATTEND UNIVERSITY</b>	<b>8</b>
<b>PREFER NOT TO SAY</b>	<b>7</b>



9b Did you mainly attend a state or fee paying school between the ages 11 – 18?

<b>UK STATE SCHOOL</b>	<b>26</b>
<b>UK INDEPENDENT / FEE-PAYING SCHOOL</b>	<b>19</b>
<b>ATTENDED SCHOOL OUTSIDE THE UK</b>	<b>6</b>
<b>PREFER NOT TO SAY</b>	<b>6</b>
<b>NOT ANSWERED</b>	<b>2</b>

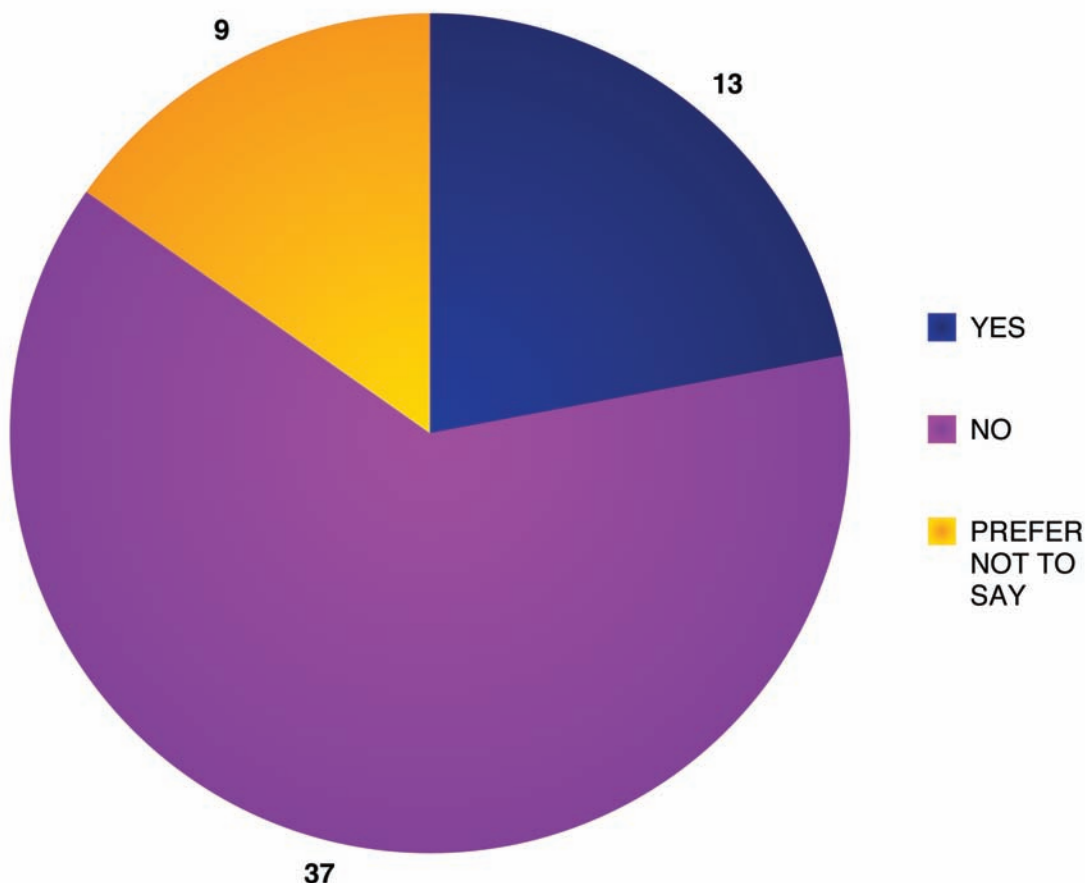


## 10. Caring responsibilities

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10a Are you a primary carer for a child or children under 18?

<b>YES</b>	<b>13</b>
<b>NO</b>	<b>37</b>
<b>PREFER NOT TO SAY</b>	<b>9</b>



10b Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

<b>LONG-TERM PHYSICAL OR MENTAL ILL-HEALTH / DISABILITY</b>	<b>0</b>
<b>PROBLEMS RELATED TO OLD AGE</b>	<b>0</b>
<b>NO</b>	<b>41</b>
<b>YES, 1 – 19 HOURS A WEEK</b>	<b>9</b>
<b>YES, 20 – 49 HOURS A WEEK</b>	<b>2</b>
<b>YES, 50 OR MORE HOURS A WEEK</b>	<b>0</b>
<b>PREFER NOT TO SAY</b>	<b>7</b>

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