



# 2021 Probate diversity survey

Please find the 2021 survey questions below for information only. Please do not send this pdf to your staff for their responses or use it to submit your data to ICAEW.

Please collect your data in one of the following ways:

- set up your online survey via our supply partner **Riliance** and email the link to your staff; or
- sole practitioners with no staff should complete the **excel template**.

Your firm's downloaded Riliance report or excel template should then be emailed with your comments to [regulatorysupport@icaew.com](mailto:regulatorysupport@icaew.com) by 30 April 2021.

## 1. ABOUT YOU

Please indicate which category of role best describes your position in the firm. If you are an authorised person for the purposes of the Legal Services Act 2007 (i.e., you hold a practising certificate issued by one of the approved regulators), a responsible individual under the Companies Act 2006 or a licensed insolvency practitioner under the Insolvency Act 1986, please indicate your professional qualification(s) and role (tick all that apply if you are dual-qualified and have a current practising certificate from more than one approved regulator).

Position in the firm	Partner	Manager	Qualified	Training
ICAEW Chartered Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Chartered accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legally qualified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct support staff <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>			

<sup>1</sup> All staff involved in delivering the services of the firm.

## 2. AGE

**From the list of age bands below, please indicate the category that includes your current age in years.**

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

## 3. SEX / GENDER

**(a) Which gender do you identify with?**

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
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**(b) Is the gender you now identify with different from the sex you were assigned at birth?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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## 4. DISABILITY

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.

**(a) Do you consider yourself to have a disability according to the definition in the Equality Act?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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**(b) 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?**

<input type="checkbox"/> Yes, limited a lot	<input type="checkbox"/> Yes, limited a little	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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**(c) If you have answered "Yes" to any of the previous two questions, please identify which of the below health problems or disabilities apply?**

**Type of disability**

<input type="checkbox"/> Cognitive / learning	<input type="checkbox"/> Physical strength
<input type="checkbox"/> Digestive / continence	<input type="checkbox"/> Sensory

<input type="checkbox"/> Manual dexterity	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Mental health	<input type="checkbox"/> Other
<input type="checkbox"/> Mobility	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Physical coordination	

## 5. ETHNIC GROUP

**What is your ethnic group?**

<p><b>Asian / Asian British</b></p> <p><input type="checkbox"/> Bangladeshi    <input type="checkbox"/> Chinese    <input type="checkbox"/> Indian    <input type="checkbox"/> Pakistani    <input type="checkbox"/> Other Asian</p>
<p><b>Black / African / Caribbean / British</b></p> <p><input type="checkbox"/> African    <input type="checkbox"/> Caribbean    <input type="checkbox"/> Any other Black / African / Caribbean / Black British</p>
<p><b>Mixed / Multiple ethnic groups</b></p> <p><input type="checkbox"/> White and Asian    <input type="checkbox"/> White and Black African    <input type="checkbox"/> White and Black Caribbean    <input type="checkbox"/> Other mixed / multiple ethnic background</p>
<p><b>White</b></p> <p><input type="checkbox"/> British / English / Welsh / Northern Irish / Scottish    <input type="checkbox"/> Irish    <input type="checkbox"/> Gypsy or Irish Traveller    <input type="checkbox"/> Any other White background</p>
<p><b>Arab</b></p> <p><input type="checkbox"/> Arab</p>
<p><b>Other</b></p> <p><input type="checkbox"/> Other ethnic group    <input type="checkbox"/> Prefer not to say</p>

## 6. FAITH

What is your religion or belief?	
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh
<input type="checkbox"/> Christian	<input type="checkbox"/> Any other religion
<input type="checkbox"/> Hindu	<input type="checkbox"/> No religion
<input type="checkbox"/> Jewish	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Muslim	

## 7. SEXUAL ORIENTATION

What is your sexual orientation? Note: this will not be included in our firm's published data but will be provided in aggregated form to our regulator (ICAEW). ICAEW will collate the data and report across the profession as a whole.	
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual / straight
<input type="checkbox"/> Gay man	<input type="checkbox"/> Other
<input type="checkbox"/> Gay woman / lesbian	<input type="checkbox"/> Prefer not to say

## 8. SOCIO-ECONOMIC BACKGROUND

(a) What is the highest level of qualification achieved by either of your parent(s) or guardian(s) by the time you were 18?	
<input type="checkbox"/> At least one has a degree level qualification	<input type="checkbox"/> No formal qualifications
<input type="checkbox"/> At least one has A Level or vocational qualifications	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Qualifications below A Level / vocational	<input type="checkbox"/> Other
<input type="checkbox"/> I don't know	<input type="checkbox"/> Prefer not to say

(b) What type of school did you mainly attend between the ages of 11 and 16?	
<input type="checkbox"/> A state-run or state-funded school	<input type="checkbox"/> Non-selective
<input type="checkbox"/> Attended school outside the British Isles	<input type="checkbox"/> I don't know
<input type="checkbox"/> Independent or fee-paying school	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Selective on academic, faith or other grounds	

## 9. SOCIAL MOBILITY

<b>(a) What is the highest level of qualification you hold, or if you are a qualified accountant or lawyer, held prior to becoming qualified?</b>	
<input type="checkbox"/> Degree level	
<input type="checkbox"/> A Level or vocational qualification	
<input type="checkbox"/> Qualifications below A Level	
<input type="checkbox"/> No formal qualifications	
<input type="checkbox"/> I don't know	
<input type="checkbox"/> Not applicable	
<input type="checkbox"/> Other	
<input type="checkbox"/> Prefer not to say	

<b>(b) Did either (or both) of the following apply at any point during your school years?</b>	
<b>i. Did your household received income support?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know
<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
<b>ii. Were you entitled to free school meals?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> I don't know
<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

<b>(c) Thinking back to when you were aged about 14, which best describes the sort of work the main / highest income earner in your household did in their main job?</b>	
<input type="checkbox"/> <b>Modern professional occupations</b> such as: teacher/lecturer, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer (sergeant or above), software designer	
<input type="checkbox"/> <b>Clerical and intermediate occupations</b> such as: secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse	
<input type="checkbox"/> <b>Senior managers and administrators</b> usually responsible for planning, organising and co-ordinating work and for finance such as: finance manager, chief executive	
<input type="checkbox"/> <b>Technical and craft occupations</b> such as: motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver	
<input type="checkbox"/> <b>Semi-routine manual and service occupations</b> such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant	

<input type="checkbox"/> <b>Routine manual and service occupations</b> such as: HGV driver, van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter / waitress, bar staff
<input type="checkbox"/> <b>Armed forces personnel</b> for example soldier, airman, naval or military police
<input type="checkbox"/> <b>Middle or junior managers</b> such as: office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican
<input type="checkbox"/> <b>Traditional professional occupations</b> such as: accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer
<input type="checkbox"/> <b>Short term unemployed</b> (claimed Jobseeker's Allowance or earlier unemployment benefit for a year or less)
<input type="checkbox"/> <b>Long term unemployed</b> (claimed Jobseeker's Allowance or earlier unemployment benefit for more than a year)
<input type="checkbox"/> <b>Inactive</b> (excluding those that are retired)
<input type="checkbox"/> <b>Retired</b>
<input type="checkbox"/> <b>Not applicable</b>
<input type="checkbox"/> <b>I don't know</b>
<input type="checkbox"/> <b>Other</b>
<input type="checkbox"/> <b>Prefer not to say</b>

## 10. CARING RESPONSIBILITIES

<b>(a) Are you a primary carer for a child or children under 18?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> No	

<b>(b) Do you look after, or give any help or support to family members, friends, neighbours, or others because of either<sup>2</sup>:</b>	
<ul style="list-style-type: none"> <li>• Long term physical or mental ill-health / disability</li> <li>• Problems related to old age?</li> </ul>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, 50 or more hours per 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	

<sup>2</sup> Do not count anything you do as part of your paid employment.

## 11. MARITAL STATUS

What is your marital or civil partnership status?	
<input type="checkbox"/> Single (never married or never registered a same-sex civil partnership)	<input type="checkbox"/> Divorced or formally in a same-sex civil partnership which is now legally dissolved
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed or surviving partner from a same-sex civil partnership
<input type="checkbox"/> In a registered same-sex civil partnership	<input type="checkbox"/> Other
<input type="checkbox"/> Separated (but still legally married or still legally in a same-sex civil partnership)	<input type="checkbox"/> Prefer not to say

## 12. MATERNITY

<b>(a) Have you taken maternity or paternity leave in the last 5 years?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>(b) If yes:</b>			
i. Did you return to your current employer after the leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ii. Did your current employer give you additional leave for ante-natal appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
iii. Has your employer offered you flexible working arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
iv. Has the ability to work from home been an important aide in your return to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable