

# 2021 Probate Diversity Survey Response Template

Firm name:	Bevan Buckland LLP
Firm number (starting C00):	C005386706
Number of participants:	45

## NUMBER OF RESPONSES

Aggregate the number of responses to each answer and input the number in column

### 1 ABOUT YOU

Please indicate which category of role best describes your position in the firm.

<b>ICAEW Chartered Accountant</b>	
Partner	4
Manager	1
Qualified	1
Training	4
<b>Other Chartered Accountant</b>	
Partner	0
Manager	4
Qualified	2
Training	2
<b>Other accountant</b>	
Partner	0
Manager	6
Qualified	3
Training	1
<b>Legally qualified</b>	
Partner	0
Manager	0
Qualified	1
Training	0
<b>Other legal</b>	
Partner	0
Manager	0
Qualified	0
Training	0
<b>Other profession</b>	
Partner	0
Manager	3
Qualified	1
Training	0
<b>Direct support staff</b>	
Partner	0
Manager	2
Qualified	3
Training	1
<b>Other</b>	
Partner	0
Manager	1
Qualified	2
Training	1
Prefer not to say	2
<b>Total number of responses</b>	<b>45</b>

### 2 AGE

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

16 - 24	7
25 - 34	11
35 - 44	14
45 - 54	8
55 - 64	5
65 and over	0
Prefer not to say	0
<b>Total number of responses</b>	<b>45</b>

### 3 SEX / GENDER

a. Which gender do you identify with?

Male	16
Female	28
Other	0
Prefer not to say	1
<b>Total number of responses</b>	<b>45</b>

b. Is the gender you now identify with different from the sex you were assigned at birth?

Yes	9
No	32
Prefer not to say	4

**Total number of responses** 45

#### 4 DISABILITY

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

Yes	0
No	45
Prefer not to say	0

**Total number of responses** 45

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?

Yes, limited a lot	0
Yes, limited a little	1
No	44
Prefer not to say	0

**Total number of responses** 45

c. If you have answered "Yes" to any of the previous two questions, please identify which of the below health problems or disabilities apply?

Cognitive / learning	0
Digestive / continence	1
Manual dexterity	0
Mental health	0
Mobility	0
Physical coordination	0
Physical strength	0
Sensory	0
Not applicable	44
Other	0
Prefer not to say	0

**Total number of responses** 45

#### 5 ETHNIC GROUP

What is your ethnic group?

##### Asian/Asian British

Bangladeshi	0
Chinese	0
Indian	0
Pakistani	0
Other Asian	0

##### Black/African/Caribbean/Black British

African	0
Caribbean	0
Other	0

##### Mixed/multiple ethnic groups

White and Asian	0
White and Black African	0
White and Black Caribbean	0
Other	0

##### White

British/English/Welsh/Northern Irish/Scottish	43
Irish	0
Gypsy or Irish Traveller	0
Other	1

##### Arab

Arab	1
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##### Other

Other ethnic group	0
Prefer not to say	0

**Total number of responses** 45

#### 6 FAITH

What is your religion or belief?

Buddhist	0
Christian	14
Hindu	0
Jewish	0
Muslim	1
Sikh	0
Any other religion	2
No Religion	25
Prefer not to say	3

**Total number of responses** 45

## 7 SEXUAL ORIENTATION

### What is your sexual orientation?

Bisexual	1
Gay man	0
Gay woman/lesbian	0
Heterosexual/straight	42
Other	0
Prefer not to say	2

**Total number of responses** 45

## 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?

At least one has a degree level qualification	17
At least one has A Level or vocational qualifications	10
Qualifications below A Level / vocational	11
I don't know	2
No formal qualifications	4
Not applicable	0
Other	1
Prefer not to say	0

**Total number of responses** 45

### b. What type of school did you mainly attend between the ages of 11 and 16?

A state-run or state-funded school	41
Independent or fee-paying school	1
Selective on academic, faith or other grounds	1
Non-selective	1
I don't know	1
Prefer not to say	0

**Total number of responses** 45

## 9 SOCIAL MOBILITY

### a. What is the highest level of qualification you hold, or if you are a qualified accountant or lawyer, held prior to becoming qualified?

Degree level	21
A Level or vocational qualification	17
Qualifications below A Level	5
No formal qualifications	1
I don't know	0
Not applicable	0
Other	1
Prefer not to say	0

**Total number of responses** 45

### b. Did either (or both) of the following apply at any point during your school years?

#### i. Did your household received income support?

Yes	6
No	36
I don't know	3
Prefer not to say	0

**Total number of responses** 45

#### ii. Were you entitled to free school meals?

Yes	6
No	37
I don't know	2
Prefer not to say	0

**Total number of responses** 45

#### iii. 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?

Modern professional occupations such as: teacher/lecturer, nurse, physio	8
Clerical and intermediate occupations such as: secretary, personal assis	1
Senior managers and administrators usually responsible for planning, org	6
Technical and craft occupations such as: motor mechanic, fitter, inspect	10
Semi-routine manual and service occupations such as: postal worker, m	4
Routine manual and service occupations such as: HGV driver, van driver	3
Armed forces personnel for example soldier, airman, naval or military poli	0
Middle or junior managers such as: office manager, retail manager, bank	2
Traditional professional occupations such as: accountant, solicitor, medic	7
Short term unemployed (claimed Jobseeker's Allowance or earlier unemp	0
Long term unemployed (claimed Jobseeker's Allowance or earlier unemp	1
Inactive (excluding those that are retired)	0
Retired	1
Not applicable	0
I don't know	0
Other	2
Prefer not to say	0

**Total number of responses** 45

## 10 CARING RESPONSIBILITIES

<b>a. Are you a primary carer for a child or children under 18?</b>	
Yes	16
No	28
Prefer not to say	1
<b>Total number of responses</b>	<b>45</b>

<b>b. Do you look after or give any help to or support any family members, friends, neighbours or others because of either: long term physical or mental ill-health / disability or;</b>	
No	34
Yes, 1-19 hours	8
Yes, 20-49 hours	1
Yes, 50 or more	1
Prefer not to say	1
<b>Total number of responses</b>	<b>45</b>

## 11 MARITAL STATUS

<b>What is your marital or civil partnership status?</b>	
Single (never married or never registered a same-sex civil partnership)	16
Married	26
In a registered same-sex civil partnership	0
Separated (but still legally married or still legally in a same-sex civil partn	0
Divorced or formally in a same-sex civil partnership which is now legally c	1
Widowed or surviving partner from a same-sex civil partnership	0
Other	2
Prefer not to say	0
<b>Total number of responses</b>	<b>45</b>

## 12 MATERNITY

<b>a. Have you taken maternity or paternity leave in the last 5 years?</b>	
Yes	6
No	39
<b>Total number of responses</b>	<b>45</b>

### b. If yes:

<b>i. Did you return to your current employer after the leave?</b>	
Yes	5
No	1
Not applicable	0
<b>ii. Did your current employer give you additional leave for ante-natal appointments?</b>	
Yes	3
No	3
Not applicable	0
<b>iii. Has your employer offered you flexible working arrangements?</b>	
Yes	5
No	1
Not applicable	0
<b>iv. Has the ability to work from home been an important aide in your return to work?</b>	
Yes	3
No	2
Not applicable	1
<b>Total number of responses</b>	<b>6</b>