Equalities Monitoring Form

The Immigration Law Practitioners Association wants to ensure equality of opportunity in its employment policies and we continue to monitor our recruitment practices.

Your co-operation in completing this form is greatly appreciated, but filling in this form is completely voluntary. Any information you provide is treated in strictest confidence and does not form part of your application.

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| What is your age? |  |
| How would you describe your ethnicity? |  |
| How would you describe your gender? |  |
| Do you consider yourself to have a disability or a physic or mental health condition? |  |
| How would you describe your sexuality? |  |
| How would you describe your religion? |  |
| Do you consider yourself to have lived experience of migration? |  |
| Do you have caring responsibilities? |  |