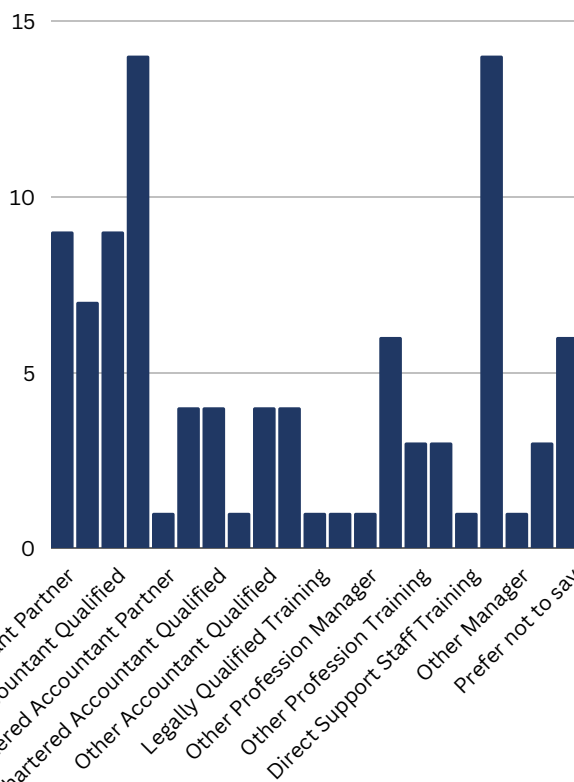
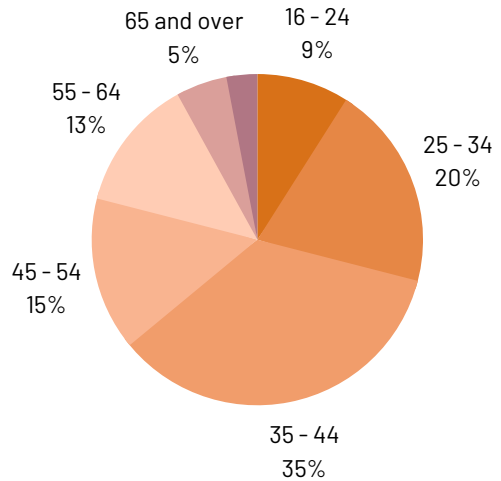


# OUR BUSINESS: DIVERSITY 2023

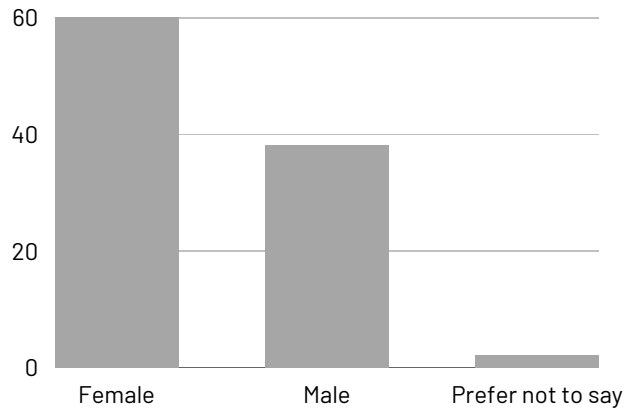
## ABOUT YOU



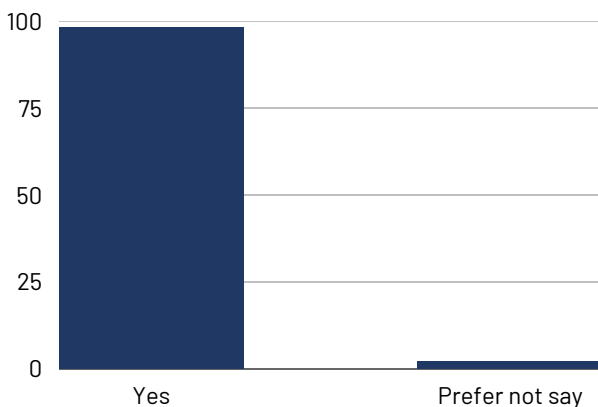
## AGE



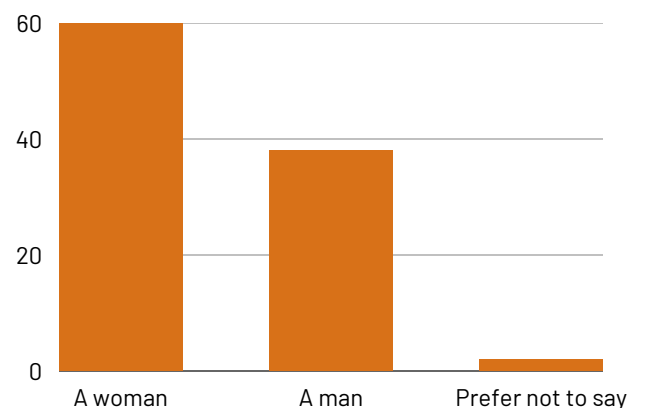
## WHAT IS YOUR REGISTERED SEX AT BIRTH?



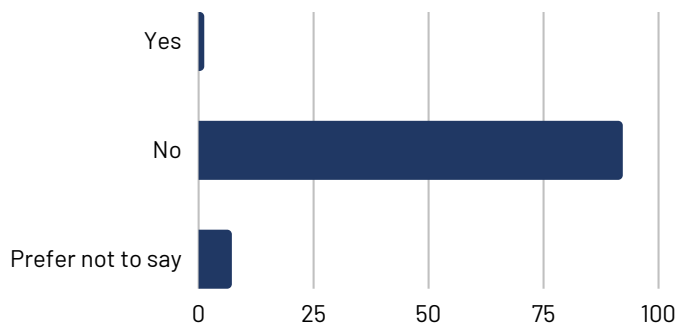
## IS THE GENDER YOU IDENTIFY WITH THE SAME AS YOUR SEX REGISTERED AT BIRTH?



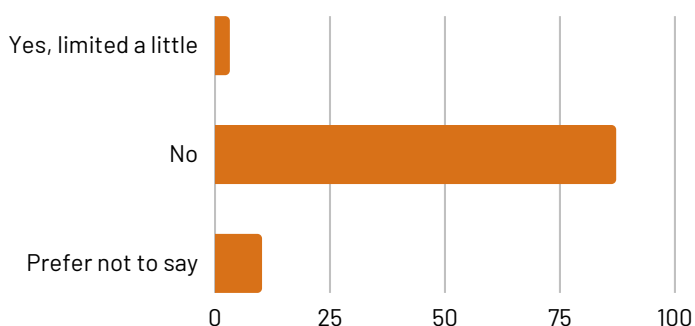
## WHICH GENDER DO YOU IDENTIFY WITH?



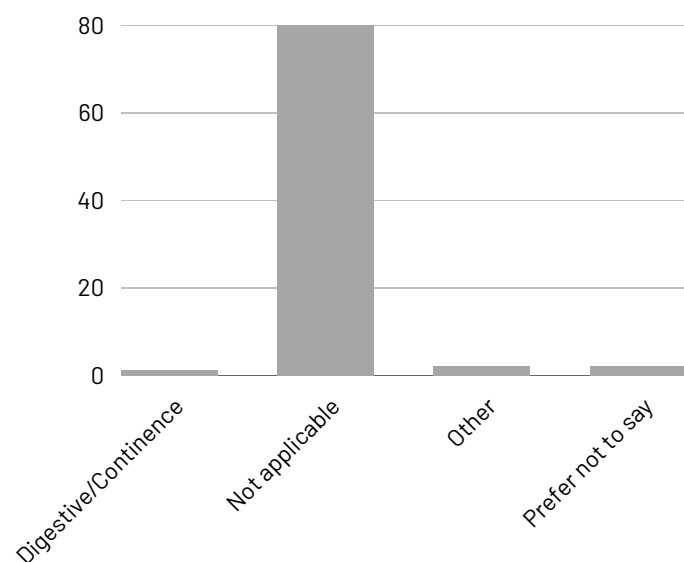
**DO YOU CONSIDER YOURSELF TO HAVE DISABILITY ACCORDING TO THE DEFINITION IN THE EQUALITY ACT?**



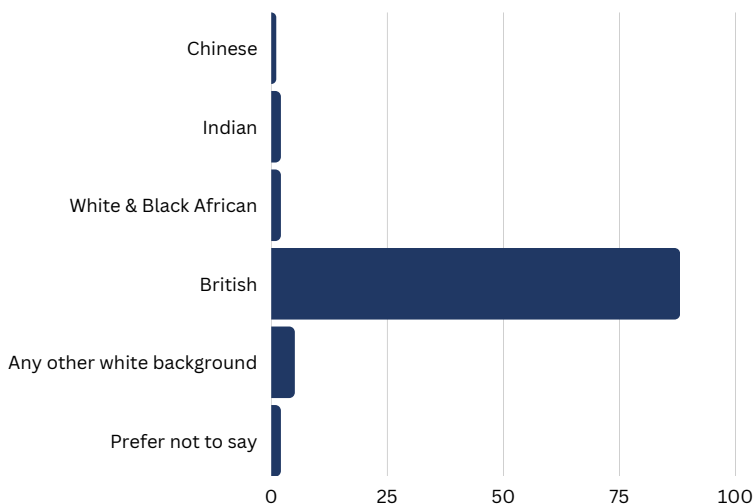
**ARE YOUR DAY-TO-DAY ACTIVITIES LIMITED BECAUSE OF A HEALTH PROBLEM OR DISABILITY WHICH HAS LASTED, OR IS EXPECTED TO LAST, AT LEAST 12 MONTHS?**



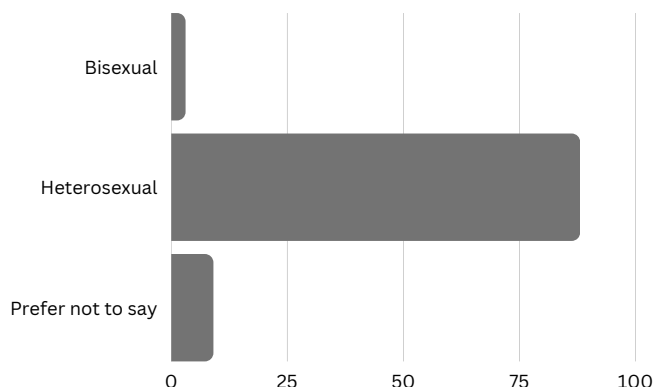
**IF YOU HAVE ANSWERED "YES" TO ANY OF THE PREVIOUS TWO QUESTIONS PLEASE IDENTIFY WHICH OF THE BELOW HEALTH PROBLEMS OR DISABILITIES APPLY?**



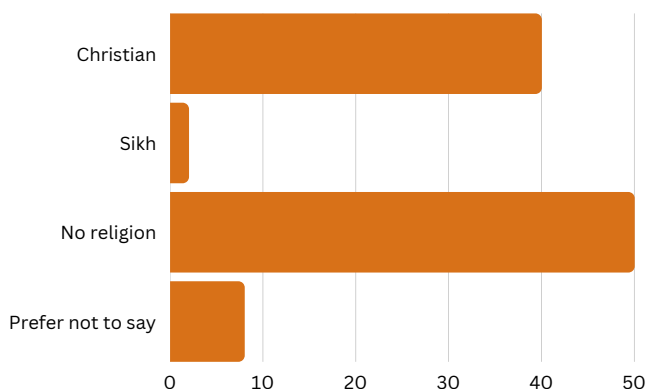
**ETHNIC GROUP**



**SEXUAL ORIENTATION**



**FAITH**

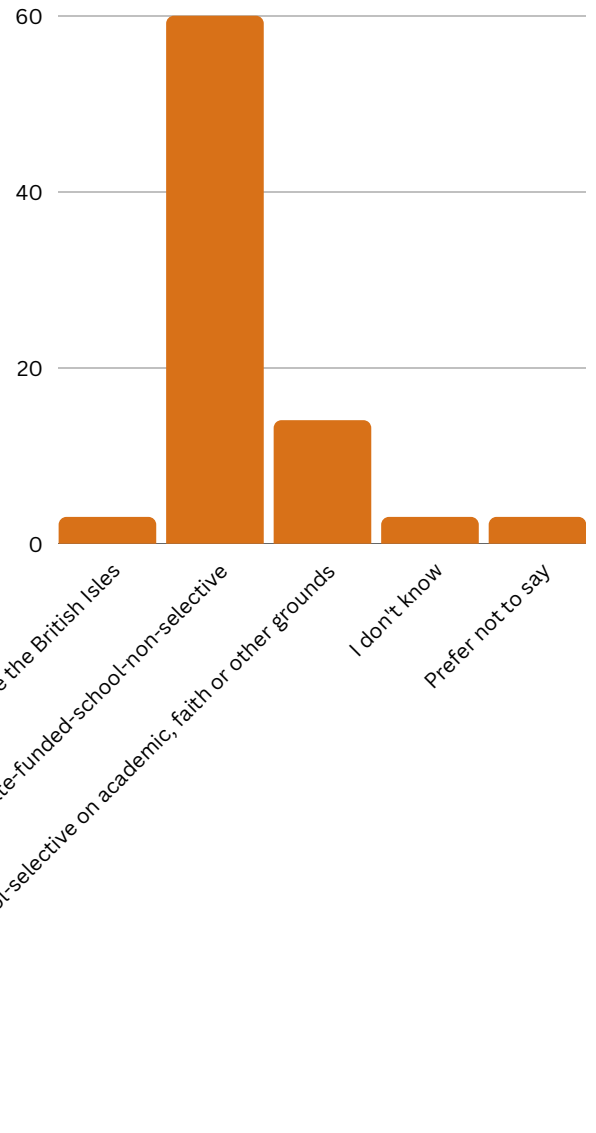
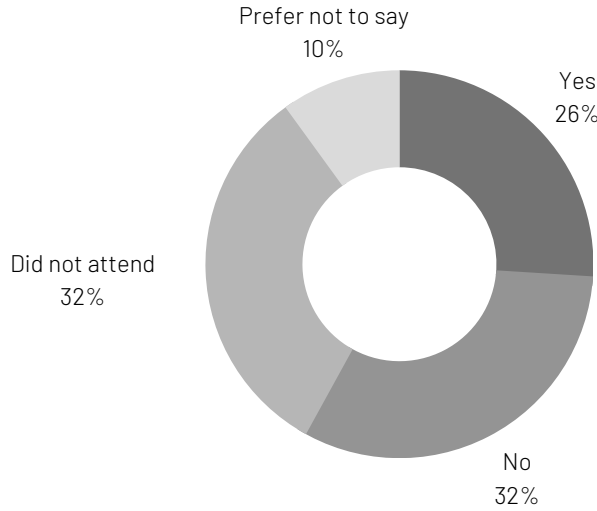


## SOCIO-ECONOMIC BACKGROUND

WHYAT TYPE OF SCHOOL DID YOU MAINLY ATTEND BETWEEN THE AGES OF 11 - 16?

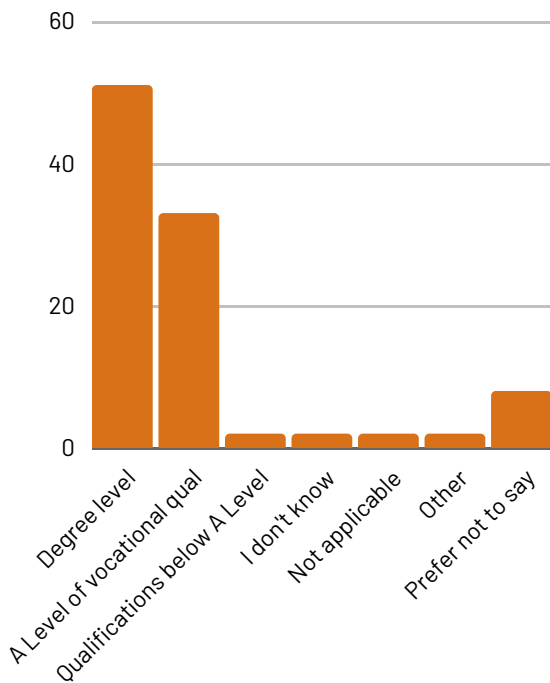
## SOCIO-ECONOMIC BACKGROUND

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?



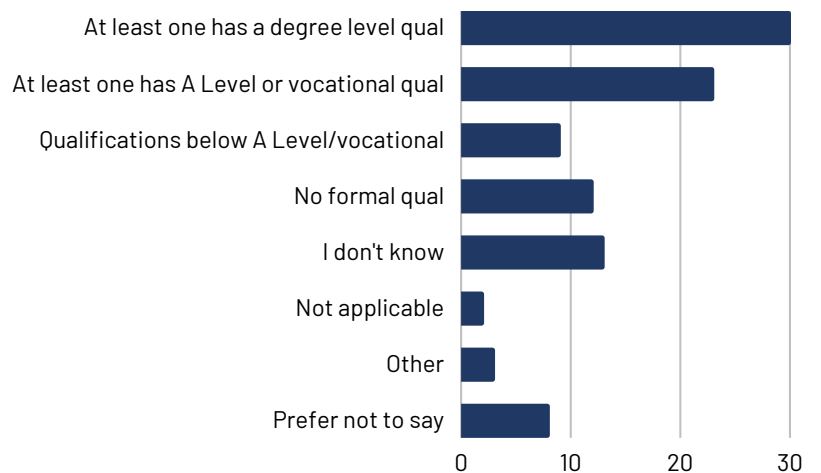
## SOCIAL MOBILITY

WHAT IS THE HIGHEST LEVEL OF QUALIFICATION YOU HOLD, OR IF YOU ARE A QUALIFIED ACCOUNTANT OR LAWYER, HELD PRIOR TO BECOMING QUALIFIED?



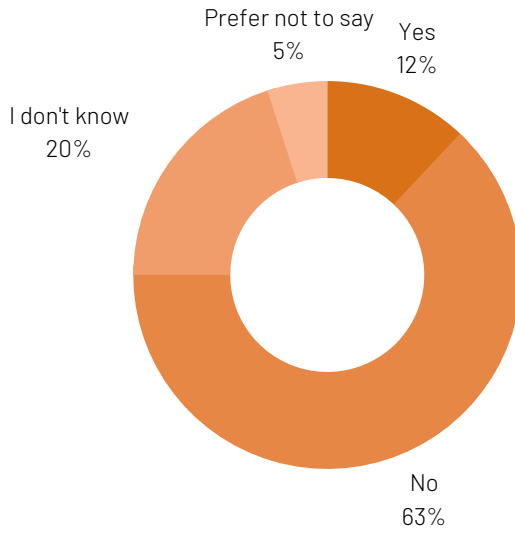
## SOCIAL MOBILITY

WHAT IS THE HIGHEST LEVEL OF QUALIFICATION ACHIEVED BY EITHER OF YOUR PARENT(S) OR GUARDIAN(S) BY THE TIME YOU WERE 18?

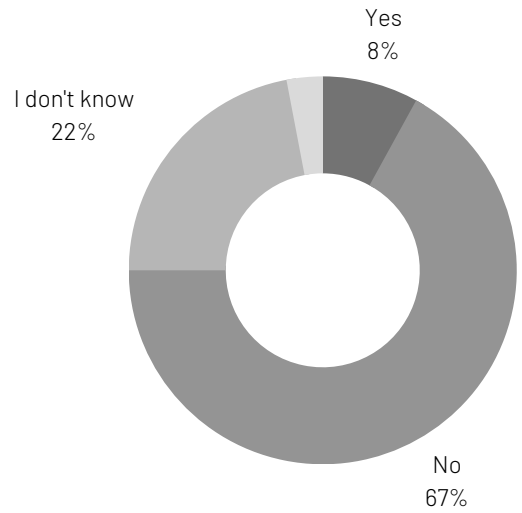


**DID EITHER (OR BOTH) OF THE FOLLOWING APPLY AT ANY POINT DURING YOUR SCHOOL YEARS?**

**DID YOUR HOUSEHOLD RECEIVE INCOME SUPPORT?**

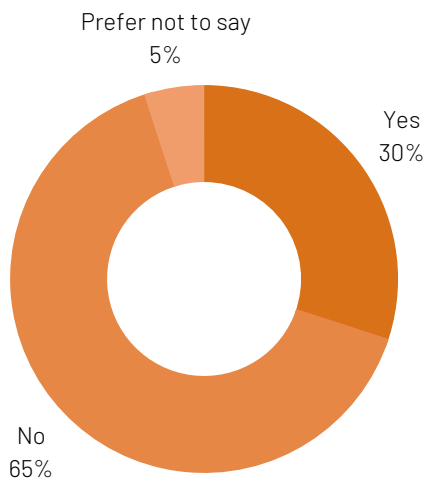


**WERE YOU ENTITLED TO FREE SCHOOL MEALS?**



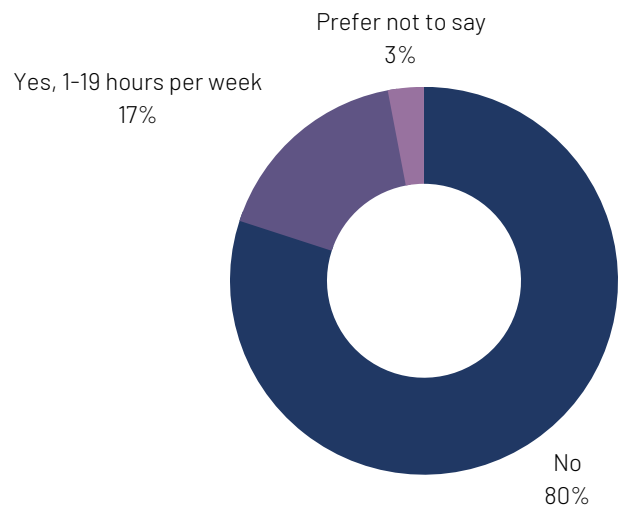
**CARING RESPONSIBILITIES**

**ARE YOU A PRIMARY CARER FOR A CHILD OR CHILDREN UNDER 18?**

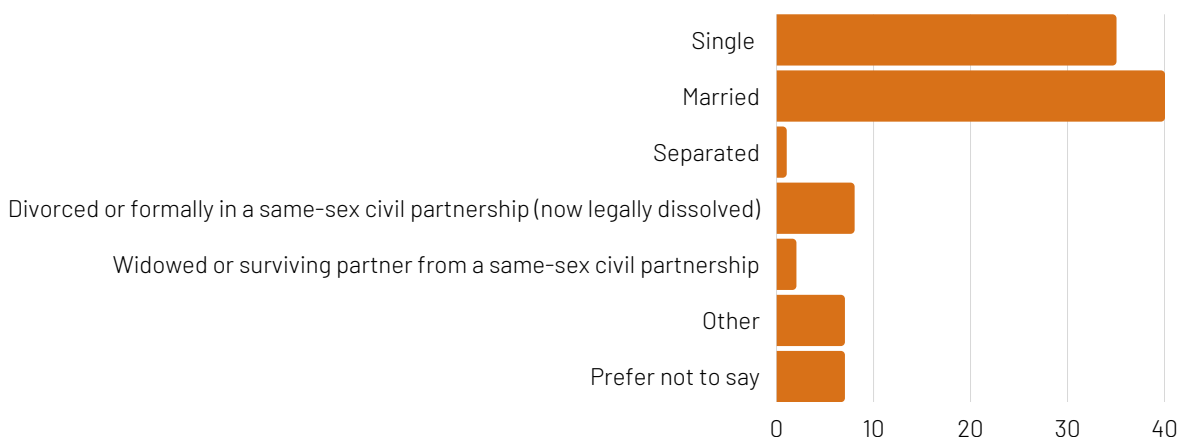


**CARING RESPONSIBILITIES**

**DO YOU LOOK AFTER, OR GIVE ANY HELP OR SUPPORT TO FAMILY MEMBERS, FRIENDS, NEIGHBOURS OR OTHERS BECAUSE OF EITHER: LONG TERM PHYSICAL OR MENTAL ILL-HEALTH / DISABILITY/PROBLEMS RELATED TO OLD-AGE?**



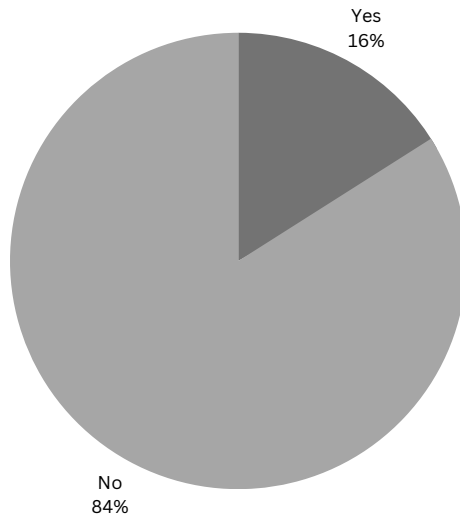
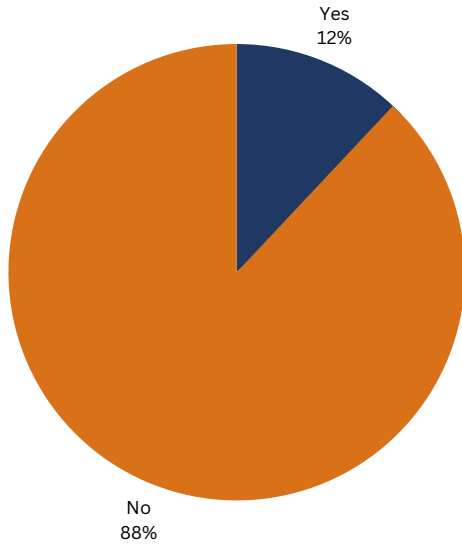
**MARITAL STATUS**



## MATERNITY

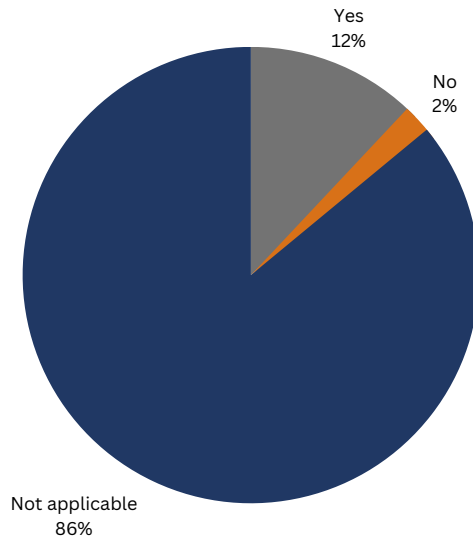
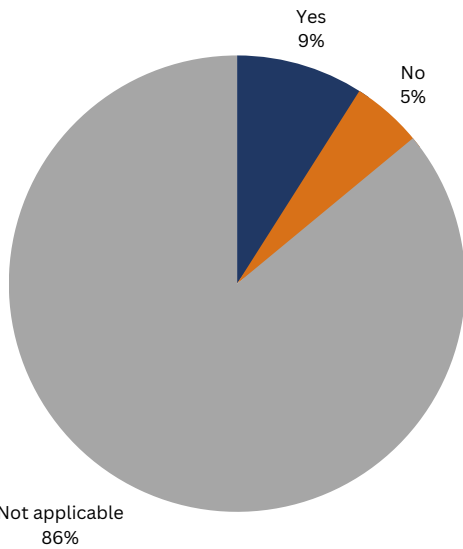
IF YES, DID YOU RETURN TO YOUR CURRENT EMPLOYER AFTER THE LEAVE?

HAVE YOU TAKEN MATERNITY OR PATERNITY LEAVE IN THE LAST 5 YEARS?



IF YES, HAS YOUR EMPLOYER OFFERED YOU FLEXIBLE WORKING ARRANGEMENTS?

IF YES, DID YOUR CURRENT EMPLOYER GIVE YOU ADDITIONAL LEAVE FOR ANTE-NATAL APPOINTMENTS?



IF YES, HAS THE ABILITY TO WORK FROM HOME BEEN AN IMPORTANT AIDE IN YOUR RETURN TO WORK?

