

1. Some basic questions about you

This information is to help us put the survey results into context. We will not ask for your name or contact details. Your answers will remain anonymous and confidential.

Please feel free to skip any questions you prefer not to answer, although your participation will be more valuable to us if you complete the whole survey.

1. Which sector do you work in?	
_ Academia	○ Media
Charity	Private practice
Government agency	Retired
O Industry	
Other (please specify)	

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Jour	stems provider	
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Lice	nalist	
_ rice	nsing executive	
Mem	abership services for IP professionals	
Para	legal/IP administrator/formalities clerk	
Pate	nt attorney	
Publ	isher	
Recr	uitment consultant	
Regu	ılator	
Sear	cher/analyst/information scientist	
Secr	etary or PA	
Solic	itor	
Tech	transfer officer	
Trad	e mark attorney	
Tran	slator	
Othe	er (please specify)	
. Whic	h of the following best describes you	ır career level?
	or (eg first few years, still training)	Very senior, but no ownership of the business
) Mido	lle tier (know the job, but not yet "senior")	Very senior, with business ownership
) Seni	or, with some management responsibilities	
) Othe	er (please specify)	

Sole practitioner	Small in-house department (1-10 staff)
Small private sector organisation (1-20 staff including partners/directors)	Medium in-house department (11-50 staff)
Medium private sector organisation (21-80 staff including partners/directors)	Large in-house department (more than 50 staff "Virtual" professional network
Large private sector organisation (more than 80 staff including partners/directors)	Educational establishment
Very large private sector organisation (more than 500 staff including partners/directors)	
Other (please specify)	
. Where do you work, mostly? Otty centre, London	Smaller town, village or rural location
City centre, not London	From home
Town centre	Outside the UK
Out-of-town business/science park	
Other (please specify)	



2. Your age

6. What age are you?	
16-20	
21-24	
25-34	
35-44	
45-54	
55-64	
<u>65+</u>	
Prefer not to say	



3. Your gender 7. How do you describe your gender identity? () Female Non-binary or gender-fluid () Intersex Prefer not to say Male Other (please specify) 8. Is your gender identity the same as the sex you were assigned at birth? Yes O No Prefer not to say 9. What pronouns do you prefer people to use for you? They/them/their O No preference She/her Prefer not to say He/him/his Other (please specify)



4. Your ethnicity

Ethnicity is not about nationality, place of birth or citizenship. It's about the group you feel you belong to.

We appreciate that this can be a tricky characteristic to define. We've done our best, but please accept our apologies if we haven't found quite the right definition for you - and we'd be happy to receive your feedback on this point (see the end of the survey).

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10.	10. Which of the following best describes your ethnicity?			
\bigcirc	Arab	\bigcirc	Mixed or multiple ethnicity	
	Asian	\bigcirc	White	
\bigcirc	Black, African or Caribbean	\bigcirc	Prefer not to say	
	Hispanic or Latino			
\bigcirc	Other (please specify)			



Working for diversity and inclusion in IP	
5. Your religion or faith	
11. What is your religion or faith?	
I don't have one	Islam
Buddhism	Judaism
Christianity	Sikhism
Hinduism	Prefer not to say
Other (please specify)	



6. Your sexuality	
10 107	
12. What is your sexual orientation?	
Asexual	Homosexual (gay or lesbian)
Attraction beyond gender (eg bisexual, pansexual)	Prefer not to say
Heterosexual	
Other (please specify)	
13. Are you open about your sexual orientati	
In your personal life?	With clients (where appropriate)?
At work?	Prefer not to say
At work, but only among certain colleagues?	
Other (please specify)	



7. Your background 14. Which of these qualifications do you have (tick as many as applicable)? Secondary school qualifications (eg GCSEs or A-Post-graduate degree (eg Masters or Doctorate) levels) Prefer not to say Further education qualifications (eg NVQs) University degree Other (please specify) 15. What type(s) of school did you attend (tick as many as applicable)? (If you were schooled outside the UK, please pick the nearest possible option, or tell us more in the "other" box.) Faith school Home schooling Independent school (with bursary) Independent school (self-funded) State grammar school State comprehensive school (including non-selective academy) Prefer not to say Other (please specify) 16. Did you qualify for free school meals for any period during your schooling? No Prefer not to say

many as applicable)? College Oxford or Cambridge University Russell Group university other than Oxford or Cambridge (see the list here) Other (please specify) 18. If you went to university, were you part of the first generation of your family to do so? I didn't go to university Yes No Prefer not to say 19. Which country were you born in? UK EU country (not UK) Prefer not to say Other (please specify) 20. Do you have UK citizenship? Yes No Prefer not to say
I didn't go to university Yes No Prefer not to say 19. Which country were you born in? UK EU country (not UK) Prefer not to say Other (please specify) 20. Do you have UK citizenship? Yes No
UK EU country (not UK) Prefer not to say Other (please specify) 20. Do you have UK citizenship? Yes No
Yes No



8. Disabilities

Under the UK Equality Act 2010, a person is considered to have a "disability" if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. "Substantial" is defined by the Act as "more than minor or trivial". An impairment is considered to have a long-term effect if:

- · it has lasted for at least 12 months
- \cdot it is likely to last for at least 12 months, or
- · it is likely to last for the rest of the person's life

21. Do you consider yourself to have a disability or health condition, or to be otherwise disabled?
Yes, and I have not declared this to my employer
Yes, and I have declared this to my employer
O No
Prefer not to say



9. Your caring responsibilities 22. Which if any of these caring responsibilities do you have (tick as many as applicable)? None Primary carer for older person (over 65) Primary carer for a child/children (under 18) Secondary carer (another person carries out the main caring role) Primary carer for disabled child/children Prefer not to say Primary carer for disabled adult (18-65) Other (please specify)



10. Your feedback

	surveys.			



11. Thank you!

Thank you for completing this survey for us. We really appreciate it.

Look out for our report of the results (which we will publish on our <u>News and Features</u> page) - and please come along to our 5 December seminar and workshop on D&I data gathering (details <u>here</u>).