PA1P — Probate application

This form is for an application where the person who has died left a will

Checklist – before you send your application form to HMCTS Probate you will need to enclose the following. This checklist must be completed. If you do not enclose all of the required documents it will delay your application. Please keep copies of all documents that you send.

Ш	PA1P - Probate Appli left a will.	cation (this form) - where a person who has die	ed has
		mary: You must estimate the estates value befo Your application may be delayed, if you do not d	
	The last original will a	and any codicils made since that will.	
		wills or any wills dealing with assets held outs and if not in English, an English translation).	side
		a photocopy) of the death certificate, or a cord the person who has died.	ner's
	Any other document	s requested on this form. Please list them:	
	As well as the applica	ation fee, there is a fee for each official copy of ion that we provide.	the
	·	pies of the Grant of Representation do you	
		pies of the Grant of Representation do you de of the United Kingdom?	
	Application fee	£	
	Fees for copies	£	
	Total fees	£	
	The state of the s	r payable to ' HMCTS ' in respect of HMCTS's fees. e person who has died on the back of the chec	

If you need help filling out this form please call the

Probate Helpline 0300 303 0648

We cannot provide legal advice

Did you know you can apply online?

www.gov.uk/apply-for-probate
If you do not feel confident
using the internet, or do not
have access to a computer or
smartphone, call the
Digital Support helpline on
03300 160051 who will help you.

Need legal advice?

Contact <u>www.citizensadvice.</u> <u>org.uk</u> or get help from a legal professional.

Checklist note – Do not attach anything to or remove anything from the original will/codicils. Also, make sure that you keep a copy for yourself.

Please send your form and required documents with payment to HMCTS Probate, PO Box 12625, Harlow, CM20 9QE.

SECTION A – PERSONAL INFORMATION

1.1

1.2

No

1. About the applicant(s) – All applicants must be over 18 years and a maximum of 4 may apply

Title and full name including middle names of first applicant

Title												
First name(s	First name(s)											
Middle name(s)												
Last name												
		ı				ı		1				
Is your name								odici	l in th	ne bo	x bel	ow

Please complete in BLOCK capitals placing a tick in boxes where applicable.

Note 1.1 -

all correspondence, including the Grant of Representation, will be sent to the first applicant named in this section.

Only list applicants who wish to be named on the grant in this section and they will be required to sign this document. Please note that the names you provide here must match the names provided on your formal ID. E.g. passport or Driving licence.

When there are no executors applying and there are persons aged under 18 benefiting from the estate then two applicants (or at least two) will be needed in Section A. You may wish to contact HMCTS Probate to seek information in regard to who is eligible to apply.

1.3	rour address	
	Building and street	
	Second line of address	
	Town or city	
	County (optional)	
	Postcode	
1.4	Your home telephone number	
1.5	Your mobile/work telephone number	
1.5	Tour mobile/work telephone number	
1.6	Your email address	
		Note 1.6 – we will contact
		you with any queries via this email address.
		We aim to contact you within 10 working days of receipt of

your application.

110	tle											
Fir	rst name	e(s)										
Mi	iddle na	me(s)									
		(3	,									
L												
La	st name	2										
	No											
	eir add											
Б	uilding a	ina st	reet									
Se	cond lir	ne of a	addre	255								
Se	cond lin	ne of	addre	ess								
			addre	ess								
	econd lin		addre	ess]			
То	wn or c	ity		ess								
То		ity		ess								
To	own or c	ity		ess								
To	wn or c	ity		ess								

1.7 Title and full name including middle names of **second applicant**

Title and full name including middle Title First name(s) Middle name(s)	le names	s of thire	d applic	ant	
Title First name(s)	le names	s of thire	d applic	ant	
Title First name(s)	le names	s of thire	d applic	ant	
First name(s)					
Middle name(s)					
Middle name(s)					
Middle name(s)					
Last name					
Is their name different in the will ar Yes, give the name as it appears			odicil in t	the bo	x belov

	Build	ling a	nd st	reet											
	Seco	nd lir	ne of	addre	ess										
	Towr	or ci	ity							٦					
	County (optional)														
	Post	code					7								
1.14	Their	ema	il adc	lress		1		1						1	
1.15	Title	and f	ull na	ıme i	ncluc	ling r	niddl	e nar	nes c	of fou	rth a	ppli	cant		
	Title														
	First	name	e(s)												
	Midd	lle na	me(s)						,					
	Lact	name													
	Last	liaille													

1.13 Their address

1.16	Is their name different in the will and codicil?
	Yes, give the name as it appears in the will or codicil in the box below
	No
1.17	Their address
	Building and street
	Second line of address
	Town or city
	County (optional)
	Postcode
1.18	Their email address

SECTION B

The information you provide in this section of the application form will be the basis of your statement of truth, and it will be stored as a public record.

If you need help filling out this form please call the

Probate Helpline 0300 303 0648

We cannot provide legal advice

2.	About the person who has died
2.1	Forename(s) (including all middle names) as they appear on the Death Certificate
2.2	Surname as it appears on the Death Certificate
2.3	Permanent address
	Building and street
	Second line of address
	Town or city
	County (optional)
	Postcode
2.4	Date they were born
2.5	Date they died
2.6	Was the person who has died known by any other name in which they held assets?
	Yes, go to question 2.7
	No, go to question 2.8

2.7	Please give the details of any other names by which the person who has died held assets.	Note 2.7 – These names must be ones that will appear on
	Full name	the grant because an asset is in that name. We do not need to know the asset.
2.8	Did the person who died live permanently in England and Wales at the date of death, or intend to return to England and Wales to live permanently? (For legal purposes this generally means they were domiciled in England and Wales. You may wish to seek legal advice about this.) Yes No What was the marital status of the person who has died when they died?	Note 2.8 – Living permanently means they had either their permanent or principal home in England and Wales at the date of death or they intended to return to England and Wales to live permanently.
	Never married Widowed, their lawful spouse or civil partner having died before them Married/in a civil partnership - give date Divorced/civil partnership is dissolved - give date Judicially separated - give date	Note 2.9 – a civil partnership is a same-sex relationship that has been registered in accordance with the Civil Partnership Act 2004. A marriage is a legal ceremony conducted in UK under the Marriage Acts 1949, 1994 and The Marriage (Same Sex Marriage) Act 2013 or under legislation in any other country by the law applicable there. Date of divorce - this date is on their
2.10	What is the name of the court where the Decree Absolute, Decree of Dissolution of Partnership or Decree of Judicial Separation was issued?	Decree Absolute, Decree of Dissolution of Partnership or Decree of Judicial Separation. You can get an official copy of these documents from the
2.11	Did the person who has died own any foreign assets? Yes, the total value of their foreign assets (not including houses or land)	court that issued them, or from The Divorce Absolute Search Section, Central Family Court, 42–49 High Holborn, London WC1V 6NP.
	□ No	

2.12	Was there any land vested in the perspreviously to their death and which retheir death? Yes No								
	Only answer this question if no exe	cutor to the will is applying	g						
2.13	13 Was the person who has died or any of their relatives legally adopted in or out of the family?								
	Yes, see note 2.13								
	No, go to question 3								
2.14	2.14 Please name the legally adopted relatives and give their relationship to the person who has died. Please state whether they were adopted into the far of the person who has died, or 'adopted out' (become part of someone elfamily).								
	Name	Relationship	Adopted in or out						

Note 2.12 – It is rare for estates to be subject to the provisions of the Settled Land Act 1925 but if you know this applies or have any queries please seek legal advice.

Note 2.13 – If you answered Yes to this question we may require additional information to be submitted once we have received your application.

You must submit the most recent original will and codicils made since the last will, if there are any.	Note 3 – a w to be a form Please make the original
What is the date of the will you are submitting to the court?	application. then this wil application.
Did the person who has died also leave any codicils, made since that will? Yes, please provide the original document(s) with your application and list below the dates of the codicils you are submitting to the court. No	If you have to locate the original. UK (gov.uk/vinheritance/a-will) to pril lost will que of 117 930243 'Lost will' and additional in you proceed. Note 3.2 – a document the
Did the person who has died have any wills that were made outside of England and Wales? Yes No	
Did the person who has died marry or enter into a Civil Partnership after the date of the will or any codicils? Yes, please give the date of marriage or civil partnership No	
Only answer this question if no executor to the will is applying Is there anyone under 18 years old who receives a gift in the will or a codicil? Yes, Please note two applicants will need to apply in Section A. Contact HMCTS Probate to see who is entitled to make the application. No	
	You must submit the most recent original will and codicils made since the last will, if there are any. What is the date of the will you are submitting to the court?

Note 3 – a will does not have to be a formal document. Please make sure you send the original will with your application. If you do not then this will delay your application.

If you have been unable to locate the original will or any codicil and only have a copy and have made all reasonable attempts to locate the original. Please visit GOV. UK (gov.uk/wills-probate-inheritance/if-the-person-left-a-will) to print off the PA13 lost will questionnaire or call 0117 9302430 and quote 'Lost will' and we will supply additional information to help you proceed.

Note 3.2 – a codicil is a document that amends a will.

- 3.6 Name any executors who are **not** making this application, and explain why.
 Reasons for executors not applying:
 - A They died before the person who has died.
 - **B** They died after the person who has died (Please include the date they died by their name).
 - **C** Power reserved: they have chosen not to apply, but reserve the right to do so later.
 - **D** Renunciation: they have chosen not to apply, and give up all rights to apply. (Before you send off your application please **read NOTE REASON D**)
 - E Power of attorney: they have appointed or wish to appoint another person to act as their attorney to take a Grant of Representation on their behalf (You will also need to complete Section 5 of this application).
 (Before you send off your application please read NOTE REASON E)
 - **F** They lack capacity to act as executor.

Full name(s) of executor(s) not applying	A, B, C, D, E or F

Note 3.6 – Executors are the first person who can apply for a grant. We need to know why any executors aren't included in this application. This includes any executors who have pre-deceased. If you do not provide all of the information this will delay your application.

Reason C

If any executors are having power reserved, you **must** notify them of the application in writing. The Grant of Representation will only be issued to those people named as applicants in Section A.

Reason D

If you state that an executor has given up their right to apply. We will need to send another form to you to give to the executor, for them to sign. Please visit GOV.UK (gov.uk/willsprobate-inheritance/if-youre-an-executor) to print off the PA15 renunciation form or call 0117 9302430 and quote 'Renunciation' and we will send the renunciation form.

You will need to send the renunciation form to us with this application.

Reason E

If you state that an executor wishes to appoint an attorney or they already have an attorney. We will need to send another form to you to give to the executor for them to sign, or you will need to provide one of the forms mentioned in Section 5.

Please visit GOV.UK (gov.uk/wills-probate-inheritance/if-youre-an-executor) to print off the PA11 attorney form or call 0117 9302430 and quote 'Attorney' and we will send the attorney form.

You will need to send the attorney form to us with this application. The attorney of one executor and an executor acting in their own right may not jointly apply for a Grant of Representation.

Reason F

If you state that an executor lacks capacity and are incapable of managing their property and financial affairs, when we receive this application we may send a medical certificate for the executors' doctor to sign. If you do not already have medical evidence from a qualified practitioner or are using a registered LPA a short form of medical evidence will be required.

Please visit GOV.UK (gov.uk/wills-probate-inheritance/if-youre-an-executor) to print off the PA14 medical certificate or call 0117 9302430 and quote 'Medical evidence' and we will send out the form.

You will need to send the medical certificate to us with this application.

The attorney of one executor and an executor acting in their own right may not jointly apply for a Grant of Representation.

3.7	The undersigned declare that written notice has been given to all executors who have power reserved to them and are not making this application.		
	If you fail to give written notice, it is likely to delay your application.		
3.8	Did you separate the will for photocopying purposes?Yes - please explain the details in the box below including who separate		
	it, when they did and why they did it.		
	No		
3.9	Can you confirm the will consisted of the pages now being submitted and no other pages or documents of a testamentary nature or other nature were attached. Yes No		

4.	Rela	tives of the person who has died		
4.1	Did th		se or civil partner?	Note 4.1 – 'survive' means that they were alive when the deceased person died.
4.2		many of the following blood and adoptive relatied have?	Under 18 years 18 years	Note 4.2 – Please state the number of relatives the person who has died had in the relevant sections. If none then put nil or strike through.
		How many sons or daughters of the person who died survived them?		
		How many sons or daughters of the person who has died who did not survive them?		
		How many children of people at 'b' who survived them?		
4.3	to the	e state the relationship of each of the persons e person who has died. (If you are applying as a please state attorney) onship description		
		pplicant		
	Secon	nd applicant		
	Third	applicant		
	Fourth	h applicant		

5.	Applying as an attorney
5.1	Are you applying as an attorney on behalf of one or more people who are entitled to apply for a Grant of Representation?
	Yes, go to question 5.2
	No, go to Section 6
5.2	Please give the full names of the person or people on whose behalf you are applying.
5.3	Please give their address
	Building and street
	Second line of address
	Town or city
	County (optional)
	Postcode
5.4	Is a person on whose behalf you are applying unable to make a decision for themselves due to an impairment of or a disturbance in the functioning of their mind or brain? Yes, further confirmation of this will be requested by HMCTS Probate.
	□ No
5.5	Has anyone been appointed by the Court of Protection to act on behalf of a person on whose behalf you are applying including the right for a grant of representation?
	Yes, please provide an official copy of the court order with your application
	□ No

Note 5 – if you are applying on behalf of more than one person, please provide the information requested in this section for the other people you represent on a separate sheet of paper. We will need to send another form to you to give to the executor for them to sign, or you will need to provide one of the forms mentioned in this section.

Please visit GOV.UK (gov.uk/wills-probate-inheritance/if-youre-an-executor) to print off the PA11 attorney form or call 0117 9302430 and quote 'Attorney' and we will send the attorney form.

You will need to send the signed attorney form to us with this application. The attorney of one executor and an executor acting in their own right may not jointly apply for a Grant of Representation.

Where there are persons aged under 18 benefiting from the estate then two applicants (or at least two) will be needed in Section A. You may wish to contact HMCTS Probate to seek information in regard to who is eligible to apply.

Note 5.4 – this applies if they lack capacity under the Mental Capacity Act 2005 and are incapable of managing their property and financial affairs. You may wish to seek legal advice about this.

If you do not already have medical evidence from a qualified practitioner or are using a registered LPA a short form of medical evidence will be required.

Please visit GOV.UK (gov.uk/wills-probate-inheritance/if-youre-an-executor) to print off the PA14 medical certificateor call 0117 9302430 and quote 'medical evidence' and we will send the form.

5.6	Has a person on whose behalf you are applying appointed an attorney under an Enduring Power of Attorney (EPA) or a Property and Financial Affairs Lasting Power of Attorney (LPA)? Yes, please provide the original EPA/LPA (or a solicitor's certified copy of it certified on every page.) with your application No, go to Section 6
5.7	Has the Enduring Power of Attorney (EPA) been registered with the Office of the Public Guardian? Yes No

6.	Foreign domicile	
Note	 if you answered Yes, to question 2.8 you don't need to complete this section – please go to Section 7. 	
6.1	What was the country where the person who died either lived permanently at the date of death or intended to return to live permanently?	
6.2	What does the estate in England and Wales of the person has died consist of?	
	Assets	Values
6.3	Has an entrusting document been issued by the court where the person who has died was domiciled?	Note 6.3 and 6.4 – these
	Yes, please provide the official document with your application; if it is not in English, please also provide an official translation. Go to Section 7.	documents may help to support your application. If you do not have any of these documents, you may
	□ No	wish to seek legal advice.
6.4	Has a succession certificate, inheritance certificate or equivalent document been issued by a court or Notary in the country of domicile of the person who has died?	
	Yes, please provide the offical document with your application; if it is not in English, please also provide an official translation.	
	□ No	

_		
7.	Inheritance tax	Note 7 – Before you can apply for a probate grant
7.1	Did the deceased die on or after 1 January 2022?	you need to value the estate
	Yes. Go to question 7.2	of the person who has died.
	No. Go to Section 8	Then you need to pay any Inheritance Tax that is due or
	No. do to section o	be able to show that there is
7.2	Which form did you complete?	no Inheritance Tax to pay.
7.2		Read how to value the estate
	I did not have to submit any forms to HMRC. Go to question 7.3	and report its value to HMRC at https://www.gov.uk/
	(The IHT checker tool is not a form)	valuing-estate-of-someone-
	IHT400. Go to question 7.6	who-died
	IHT400 and IHT421. Go to question 7.7	
	IHT207. Go to question 7.8	
7.3	Provide the following values of the estate for inheritance tax	Note 7.3 – The gross, net
		and net qualifying value for
	gross value of the estate for inheritance tax	IHT will be provided if you
		used the IHT checker tool accessible at https://www.
	net value of the estate for inheritance tax	gov.uk/valuing-estate-of-
		someone-who-died/estimate-
	net qualifying value of the estate	estate-value
	net qualifying value of the estate	
7.4	Are you claiming against this estate the unused proportion of the inheritance tax nil-rate band of a pre-deceased spouse or civil partner of the deceased?	Note 7.4 – Only answer this
		question if the net qualifying value of the estate is between
	Yes	£325,000 and £650,000
	□ No	
7.5	Provide the gross and net value of the estate for probate	Note 7.5 – Guidance on how
		to calculate these values can
	gross value of the estate for probate	be found at https://www. gov.uk/applying-for-probate/
	net value of the estate for probate	before-you-apply
	Go to Section 9	

7.6			
	Yes. The code in the letter from HMRC was		
	The probate values from the HMRC letter		
	Gross value £		
	Net value £		
	Go to Section 9		
	No. Go to question 7.7		
7.7	Provide the numbers from the IHT421		
	Box 3 (gross value)		
	Box 5 (net value)		
	Go to Section 9		
7.8	Provide the numbers from the IHT207		
	Box A (gross value)		
	Box H (net value)		
	Go to Section 9		

Note 7.6 – The letter from HMRC will be sent out up to 20 working days after you submit your IHT400. If the letter has still not arrived after 20 working days, contact HMRC by calling 0300 123 1072.

Note 7.7 – Forms IHT421 and IHT400 must be sent to HMRC only.

After sending them to HMRC wait 20 working days before submitting this probate application.

For details go to www.gov.uk/ hmrc/inheritance-tax-account

If the amount in Box 5 is more than £5,000 you will have to pay a probate application fee.

Note 7.8 – Send HMCTS the IHT207 with your probate application. If the amount in Box H is more than £5,000 you will have to pay a probate application fee.

	on or before 31 De	ecember 2021	
8.1	Which IHT forms did you	complete?	
	IHT205. Go to quest	ion 8.2	
	☐ IHT400 only. Go to q	uestion 8.3	
	IHT400 and IHT421.	Go to question 8.4	
	IHT207. Go to quest	ion 8.5	
8.2	Provide the numbers fro	m the IHT205 form.	Note 8.2 – Send HMCTS the
	Box D (gross value)	£	IHT205 with your probate application. Include the
	D	£	IHT217 form if applicable. If
	Box F (net value)	Ĭ.	the amount in Box F is more than £5,000 you will have to
	Go to Section 9		pay a probate application fee.
			Note 0.2. The letter from
8.3	Have you received a lette	er from HMRC with your unique probate code?	Note 8.3 –The letter from HMRC will be sent out up to 20
	Yes. The code in the I	etter from HMRC was	working days after you submit your IHT400. If the letter
			has still not arrived after 20
	The probate value	ues from the HMRC letter	working days, contact HMRC by calling 0300 123 1072.
	e proseste rand		
	Gross value	£	Note 8.4 – Forms IHT421 and
	Net value	£	IHT400 must be sent to HMRC only.
		Go to Section 9	After sending them to HMRC
	No. Go to question 8	3.4	wait 20 working days before submitting this probate
			application.
8.4	Provide the numbers fro	m the IHT421	For details go to www.gov.uk/
	Box 3 (gross value)	£	hmrc/inheritance-tax-account If the amount in Box 5 is more
			than £5,000 you will have to
	Box 5 (net value)	£	pay a probate application fee.
	Go to Section 9		
	do to section s		
8.5	Provide the numbers fro	m the IHT207	Note 8.5 – Send HMCTS the
0.5	Trovide the numbers no		IHT207 with your probate application. If the amount in
	Box A (gross value)	£	Box H is more than £5,000
	Box H (net value)	£	you will have to pay a probate application fee.
	SOATT (HEE VAIAC)		• •
	Go to Section 9		

Inheritance tax where the deceased died

8.

9. Legal statement

The undersigned confirms:

- That the last will and any codicils referred to in this application is the last will and testament of the person who has died
- · to collect the whole estate
- to keep full details (an inventory) of the estate
- to keep a full account of how the estate has been distributed
- that the estate is an 'excepted estate' and that the person who died was domiciled in the UK (if 'Yes' was given in answer to question 2.8 and question 7.5 or 8.2)

If the Probate Registry (court) asks the undersigned they will:

- Provide the full details of the estate and how it has been distributed
- Return the grant of representation to the court

and understand that:

- The application will be rejected if the information is not provided (if asked)
- Criminal proceedings for fraud may be brought against the undersigned if it is found that the evidence provided is deliberately untruthful or dishonest

The undersigned confirm to administer the estate of the person who has died in accordance to law, and that the application is truthful.

All persons applying for the grant (those listed in Section A) must sign below.

Name of first applicant	Name of second applicant
Signature	Signature
Date signed	Date signed
Name of third applicant	Name of fourth applicant
Signature	Signature
Date signed	Date signed

Please send the original form signed by all applicants and required documents with payment to:

HMCTS Probate, PO Box 12625, Harlow, CM20 9QE

Phone 0300 303 0648

FOR OFFICE USE ONLY

How are the applicants entitled to apply.

In what capacity are the persons applying entitled to apply?
☐ The executor/s named in the will/codicil of the person who has died
The Attorney/s acting on behalf of the executor/s named in the will/ codicil of the person who has died
Beneficiary/s named in the will/codicil of the person who has died
The Attorney/s acting on behalf of the beneficiary/s named in the will/codicil of the person who has died
Other (Please state in the box below the reason they are applying)

Equality and diversity questions (optional)



- · These are optional questions about you
- Your answers will not affect your case
- We will not share your answers with anyone involved in your case

Your answers will help us check we are treating people fairly and equally.

These questions should be answered by one executor.

If you are a legal professional completing the form on behalf of an executor don't answer the questions.

How to complete these questions

- 1. Answer the questions on the next four pages. You can always choose 'prefer not to say' or leave them blank.
- 2. Send one copy of the completed questionnaire with your application to:

HMCTS Probate

PO BOX 12625

Harlow

CM20 9QE

Equality and diversity questions

What is y	your main language?	37 2
Engli	ish, go to question 3	
Wels	h, go to question 3	
Othe	er, give details (including British sign language)	
Prefe	er not to say, go to question 3	
If you hav	ve answered 'Other' in question 1, how well can you nglish?	
☐ Very	well	
☐ Well		
☐ Not v	well	
☐ Not a	at all	
☐ Prefe	er not to say	
What is y	your religion?	
☐ No re	eligion	
Chris	stian (all denominations)	
Budd	dhist	
Hind	u	
Jewis	sh	
☐ Musl	im	
Sikh		
☐ Any c	other religion, please describe	
☐ Prefe	er not to say	
What is y	your date of birth?	
	Month Year	
Day		

What is your ethnic group?
☐ Prefer not to say
White
☐ English, Welsh, Scottish, Northern Irish or British
☐ Irish
Gypsy or Irish Traveller
Any other White background, please describe
Mixed/Multiple ethnic groups
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
Any other Mixed/Multiple ethnic background, please describe
Asian/Asian British
☐ Indian
☐ Pakistani
Bangladeshi
Chinese
Any other Asian background, please describe
Black/African/Caribbean/Black British
African
Caribbean
Any other Black/African/Caribbean background, please describe
Other ethnic group
☐ Arab
Any other ethnic group, please describe

5.

6.	Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?	
	Yes, go to question 7	֓֞֜֞֜֓֓֓֓֓֟֜֓֓֓֓֟֟ ֓֓֞֞֞֞֓֓֓֞֞֞֓֓֓֞֓֓֓֞֞֓֓֓֡֓֡֓֓֡
	No, go to question 9	
	Prefer not to say, go to question 9	
7.	If Yes, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?	
	Yes, a little, go to question 8	
	Yes, a lot, go to question 8	
	Not at all, go to question 9	
	Prefer not to say, go to question 9	
8.	Do any of these conditions or illnesses affect you in any of the following areas?	
	Tick all options that apply	
	Vision – for example blindness or partial sight	
	Hearing – for example deafness or partial hearing	
	Mobility – for example walking short distances or climbing stairs	
	Dexterity – for example lifting and carrying objects, using a keyboard	
	Learning or understanding or concentrating	
	Memory	
	Mental health	
	Stamina or breathing or fatigue	
	Socially or behaviourally – for example associated with autism, attention deficit disorder or Asperger's syndrome	
	Other, please specify	
	None of the above	

9.	Are you currently pregnant or have you been pregnant in the last year?	
	☐ Yes	
	□ No	
	☐ Prefer not to say	
10.	Which of the following options best describes how you think of yourself?	
	☐ Heterosexual or Straight	
	☐ Gay or Lesbian	
	Bisexual	
	Other, please describe	
	Prefer not to say	
11.	What is your sex?	
	☐ Male	
	Female	
	☐ Prefer not to say	
12.	Is your gender the same as the sex you were registered at birth?	
	☐ Yes	
	☐ No, my gender is	
	Prefer not to say	
13.	Are you married or in a legally registered civil partnership?	
	☐ Yes	
	□ No	
	☐ Prefer not to say	

Thank you for answering these questions

Send this questionnaire back with your completed application

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