**Why do we need this information?**

We believe that the town centre forum should reflect the diversity of the population, drawing upon the broad range of knowledge, experience and insight of individuals living, working and visiting our borough. We aim to help all sections of the community to have an equal opportunity to input into the town centre forum and will use this monitoring information to ensure we are doing this.

**Religious community: Please indicate the religious community to which you belong by ticking the appropriate box:**

No religion Roman Catholic Community Protestant Community Jewish Buddhist Muslim Hindu  Sikh

Any other religion, (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say

**Sex: Please indicate your sex by ticking the appropriate box below:**

Male Female I prefer not to say

**Age: What is your age group** (please select one option)

15-25 years 26-55 years 56-64 years 65+ years Prefer not to say

**Racial Group: I would describe my ethnic origin as:**

White Chinese Irish Traveller Indian Pakistani Bangladeshi Black Caribbean Black African Black Other I prefer not to say

Mixed ethnic group (please state which) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other ethnic group (please state which) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability:**

Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection. Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

**Do you consider that you are a disabled person?**

Yes No

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment,** such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches:

**Sensory impairment**, such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment:

**Mental health condition**, such as depression or schizophrenia:

**Learning disability or difficulty**, such as Down’s Syndrome or dyslexia, **or Cognitive impairment**, such as autistic spectrum disorder:

**Long-standing or progressive** illness or health condition, such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease:

Other (please specify)……………………………………………………………………

**Sexual Orientation: Please indicate your sexual orientation by ticking the appropriate box:** My Sexual Orientation is:

I am heterosexual I am gay or lesbian I am bisexual I prefer not to say

**Marital Status / Civil Partnership Status: Please indicate whether you are married or in a civil partnership by ticking the appropriate box:** Are you married or in a civil partnership?

Yes No

**Dependants / Caring Responsibilities**:

Do you have dependants, or caring responsibilities for family members or other persons?

Yes No

**If you answered “yes”, are your dependants or the people your look after?**

(Please tick the appropriate box or boxes):

A child or children A disabled person or persons:

An elderly person or persons: Other

If “Other”, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this form. The information provided will help us to improve**

**our services to you and others in the borough**