

What is your religion or belief?

- Buddhist
- Jewish
- Agnostic
- Other (please state)
- Other philosophical belief (please state)
- Prefer not to say
- Christian
- Muslim
- Atheist
- Hindu
- Pagan
- I have no particular religion
- Jain
- Sikh

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?

- Yes
- No (You do not need to answer the next question)
- Prefer not to say (You do not need to answer the next question)

If you answered 'yes' to the last question, please state the type of impairment which applies to you. If you have more than one impairment please indicate all that apply. If none of the categories apply, please mark 'other' and write an answer in.

- Physical Impairment
- Mental Health Condition
- Other (please state)
- Long-standing illness
- Learning Disability/Difficulty
- Sensory Impairment
- Prefer not to say

Are you a carer? This means you look after or give help or support to family members, friends, neighbours or others because of either; long term physical or mental ill health because of a disability, a problem related to age. Please do not count anything you do as part of your employment.

- Yes
- No
- Prefer not to say
- If yes, who do you care for?
 - Parent
 - Partner / spouse
 - Other (please state)
 - Child with special needs
 - Friend
 - Other family member

Elm Grove improvements Questionnaire

You can complete this questionnaire online at <http://consult.brighton-hove.gov.uk/portal>



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Or you can let us know what you think by completing this short questionnaire by 11 February 2013 and returning it to us in the Freepost envelope provided to Brighton & Hove City Council, Room 501, Kings House, Grand Avenue, Hove BN3 2LS.

No stamp is required.

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Brighton & Hove
City Council

Equalities monitoring form

Please let us know if you support the proposals for Elm Grove?

Yes No

We want to make sure that our services are available to everyone in the community and that everyone is treated fairly when they use, or attempt to use, our services.

We will only use the information collected on this form to help us improve services and to identify gaps or barriers. You do not have to fill in this form and you can answer just some of the questions

Are there areas that you believe need specific attention?

The answers you provide are anonymous and confidential. The information collected using this form is combined together so it is not possible to link any responses back to a particular person.

What age are you? Prefer not to say

What gender are you? Male Female Other Prefer not to say

Do you identify as the gender you were assigned at birth? Yes No

How would you describe your ethnic origin?

- White**
- English / Welsh / Scottish / Northern Irish / British
 - Irish
 - Gypsy
 - Traveler
 - Polish
 - Portugese
 - Sudanese
 - Any other white background (please give details)
- Mixed**
- Asian & White
 - Asian & Black African
 - Asian & Black Caribbean
 - White & Black African
 - White & Black Caribbean
 - Any other mixed background (please give details)

- Asian or Asian British**
- Bangladeshi
 - Indian
 - Pakistani
 - Chinese
 - Any other Asian background (please give details)
- Other ethnic group**
- Turkish
 - Arab
 - Japanese
 - Any other ethnic group (please give details)
 - Prefer not to say

Further comments

After you have ticked a box

If there is an ethnic category that is not included here that you think should be, please tell us what it is:

Black or Black British

- African
- Caribbean
- Sudanese
- Any other black background (please give details)

Which of the following best describes your sexual orientation?

- Heterosexual/ Straight
- Lesbian/ Gay woman
- Gay man
- Bisexual
- Other (please state)
- Prefer not to say