



1. Date

2. Do you have a learning disability or a physical disability?

- Yes
- No
- If yes please specify the type of disability

3. Do you have any special needs?

- Yes
- No
- If yes please specify what kind of special needs

4. To which of these ethnic groups do you feel you belong?

- | | | |
|---|---|--|
| <input type="radio"/> White British | <input type="radio"/> Mixed - White and Asian | <input type="radio"/> Black African |
| <input type="radio"/> White Irish | <input type="radio"/> Other Mixed background | <input type="radio"/> Black Caribbean |
| <input type="radio"/> White European | <input type="radio"/> Asian - Chinese | <input type="radio"/> Other Black background |
| <input type="radio"/> Other White background | <input type="radio"/> Asian - Indian | <input type="radio"/> Arab |
| <input type="radio"/> South American or Latin American | <input type="radio"/> Asian - Pakistani | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Mixed - White and Black African | <input type="radio"/> Asian - Bangladeshi | |
| <input type="radio"/> Mixed - White and Black Caribbean | <input type="radio"/> Other Asian background | |

Other (please specify)

5. Please describe your gender

6. What is your age?

- 16 - 21 years
- 22 - 35 years
- 36-50 years
- 51-67 years
- 67 years plus

7. Are you:

- retired (whether receiving a pension or not)?
- employed?
- a student?
- looking after home or family?
- long-term sick or disabled?
- Other?

Other (please specify)