

**Easy Read Form**

# Equal opportunities form

|  |  |
| --- | --- |
|  | We are the Vale of Glamorgan Council. |
|  | We want to make sure **everyone** is able to give us their views about services. |
|  | When we ask people to tell us their views, we also ask them about themselves. |
|  | We do this to make sure **all** types of people are getting the chance to give their views. And get and use our services. |
|  | To help us with this we would like you to fill out this form. And give us information about yourself. |
|  | We will keep your information private. |
|  | We will not show anyone your information without asking you first. |
|  | We will not give your information to other organisations. |
|  | If you would like to know more you can read our **Equality Policy**. |
|  | You can call us on 01446 700111 and we will send you a copy. Or you can read it on our website: <https://www.valeofglamorgan.gov.uk/Documents/Our%20Council/Equal%20Opportunities/Equality-Policy-E-2015.pdf> |

**Thank you.**

## Questions

1. **How do you describe yourself?**

|  |  |  |
| --- | --- | --- |
|  | Female |  |
|  | Male |  |
|  | Trans - people who feel different inside in some way to the gender they were born as. |  |
|  | I do not want to say |  |
|  | Other |  |
|  | If you said other, please tell us how you describe yourself: | |

1. **Do you find every day activities difficult because of a:**

* **health condition**
* **illness**
* **or disability**

**that has lasted or will last for 1 year or more**?

|  |  |  |
| --- | --- | --- |
|  | Yes. I find everyday activities very difficult. I am limited a lot. |  |
|  | Yes. I find everyday activities quite difficult. I am limited a little. |  |
|  | No |  |
|  | I do not want to say |  |

1. **What date is your birthday?**

|  |  |
| --- | --- |
|  |  |

1. **What is your national identity?**

|  |  |  |
| --- | --- | --- |
|  | I am Welsh |  |
|  | I am English |  |
|  | I am Scottish |  |
|  | I am Northern Irish |  |
|  | I am British |  |
|  | I do not want to say |  |
|  | Other |  |
|  | If you said other, please tell us what it is: | |

1. **What is your ethnic group?**

|  |  |  |
| --- | --- | --- |
|  | **White** | |
| White English, Welsh, Scottish, Northern Irish or British |  |
| White Irish |  |
| White Gypsy or White Irish Traveller |  |
| Any other White background. Please tell us what this is: |  |
|  |  |
|  | **Mixed or multiple ethnic groups** | |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other mixed or multiple ethnic background. Please tell us what this is: |  |
|  |  |
|  | **Asian or Asian British** | |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background. Please tell us what this is: |  |
|  |  |
|  | **Black, African or Caribbean or Black British** | |
| Black African |  |
| Black Caribbean |  |
| Any other Black, African or Caribbean background. Please tell us what this is: |  |
|  |  |
|  | **Other ethnic group** | |
| Arab |  |
| Any other ethnic group |  |
|  | **I do not want to say** |  |

1. **Which of these words best describes how you think of yourself?**

|  |  |  |
| --- | --- | --- |
|  | Bisexual - I love and fancy men and women |  |
|  | Gay - I am a man and I love and fancy other men |  |
|  | Lesbian - I am a woman and I love and fancy other women |  |
|  | Heterosexual - I love and fancy people of the opposite sex |  |
|  | I would rather not say |  |
|  | Other |  |
|  | If you ticked other please tell us what: |  |
|  |  |  |

1. **What is your religion?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | I do not have a religion |  | |
|  | I am Christian (All types) |  |
|  | I am a Buddhist |  |
|  | I am Hindu |  |
|  | I am Jewish |  |
|  | I am Muslim |  |
|  | I am Sikh |  |
|  | I would rather not say |  |
|  | Other |  |
|  | If you ticked other please tell us what: |  |

1. **Are you pregnant or on maternity leave? Please tick the answers that describe you.**

|  |  |  |
| --- | --- | --- |
|  | I am pregnant, or have been pregnant in the last year. |  |
|  | I have taken maternity leave from work in the last year. |  |
|  | I would rather not say |  |

1. **Please tell us what your marital status is.**

|  |  |  |
| --- | --- | --- |
|  | I am single. I have never been married or had a civil partnership. |  |
|  | I am married and I live with my husband or wife. |  |
|  | I am separated, but still married by law. |  |
|  | I am divorced. |  |
|  | I am widowed. |  |
|  | I am in a same sex civil partnership. And I live with my partner. |  |
|  | I am separated, but I am still in a same sex civil partnership by law. |  |
|  | I was in a civil partnership. But this has been ended by law. |  |
|  | My civil partner died |  |
|  | I would rather not say |  |

|  |  |
| --- | --- |
|  | Thank you. |
|  | We will keep your information private. |