

Equalities Impact Questionnaire

The following questions are to ensure we take the views and needs of differing people into consideration and to understand your responses to the consultation questions a little better. It is a legal requirement for us to ask these questions, but you are not obliged to answer any you do not wish to. The data acquired is used for this project only and cannot be used to identify you.

If you wish to be kept informed about the project, please email update@resultscommunications.co.uk, indicating which project you are interested in, how you would like to be contacted (email, post or telephone/text) and provide the relevant contact details (Name, postal address including postcode, email address and telephone number).

Q1 How old are you? Please highlight or circle the relevant answer

16-18 19-24 25-34 35-44 45-54 55-64 65-74 74+

Q2 What sex/gender do you identify with? Please highlight or circle the relevant answer

Male Female Transgender Other (please specify) Prefer not to say

Q3 Have you undertaken any sex/gender reassignment?

Yes No Prefer not to say

Q4 Are you currently pregnant or have you given birth within the last year?

Yes No Prefer not to say

Q5 Do you have a disability, long-term illness or health condition?

Yes No Prefer not to say

If you answered 'yes', it would be helpful if you could indicate the nature of your disability, illness or health condition below

Q6 Which race or ethnicity best describes you?

Arabic Asian: Bangladeshi Asian: Pakistani Black/British Black: African Asian: Indian
Asian: Chinese Black/British Black: Caribbean White: British White: Other
Gypsy/Traveller Other Prefer not to say

Q7 Which of the following best describes your sexual orientation?

Asexual Bisexual Heterosexual/Straight Gay Lesbian Other
Prefer not to say

Q8 What do you consider your religion or belief to be?

Buddhism Christianity Hinduism Islam Judaism Sikhism No religion
Other Prefer not to say

Q9 Please tell us your postcode

Q10 ... Please turn over for Q10

Q10 If there is anything proposed for this project which makes you think you would be more affected, whether positively or negatively, please explain below...

Thank you for attending our Public Consultation. Your views are important to us to please take a few moments to tell us what you think of our proposals and return this Feedback Form with your views.

I / We support the proposals

I / We do not support the proposals

Comments

Please tell us what you think about the proposals... (Use the reverse side if you need more space)

CONTACT DETAILS

(THIS SECTION MUST BE COMPLETED IN ORDER TO VALIDATE YOUR COMMENTS AND FEEDBACK)

Name _____

Address _____

Telephone number _____

email address _____

Yes, please keep me informed as the proposals progress

PLEASE EMAIL YOUR COMPLETED FORM TO hjs@resultscommunications.co.uk

You can also provide comments by online Feedback Form from link on the Consultations Page at www.resultscommunications.co.uk.

Please ensure your comments are sent back by 11.59pm on 7 October 2020

You can view these proposals and provide feedback by visiting **www.resultscommunications.co.uk**. You can comment on the Feedback Form online or via email to **hjs@resultscommunications.co.uk** by 7 October 2020. Please include your name, postal and email addresses, and contact telephone number(s).