

4. What is your preferred method of communication?

<input type="checkbox"/> E-mail	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter (Large Type)	<input type="checkbox"/> Translation Required (Spoken)
<input type="checkbox"/> Letter Braille	<input type="checkbox"/> Reception	<input type="checkbox"/> Text	<input type="checkbox"/> Telephone	<input type="checkbox"/> Translation Required (Written)

5. What is your martial status?

<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Partnership	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> Common Law Partnership	<input type="checkbox"/> Other

6. Disability Discrimination Act 2005

Definition of a disability: a physical or mental impairment that has a substantial and long term effect on a person's ability to carry out normal day-to-day activities.

Do you consider yourself or a member of your household to have a disability under the Disability Discrimination Act 2005?

	YOU	PARTNER / JOINT HOUSEHOLDER	OTHER PERSONS
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, what is the nature of the disability? (Please tick)

	YOU	PARTNER / JOINT HOUSEHOLDER	OTHER PERSONS
Mobility (difficulty getting around)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please state below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other disability (e.g. diabetes, epilepsy, etc): _____

7. How would you describe your race or ethnic background?

	YOU	PARTNER / JOINT HOUSEHOLDER
White	<input type="checkbox"/> British English <input type="checkbox"/> British Scottish <input type="checkbox"/> British Welsh <input type="checkbox"/> UK Irish <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background. Specify _____	<input type="checkbox"/> British English <input type="checkbox"/> British Scottish <input type="checkbox"/> British Welsh <input type="checkbox"/> UK Irish <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background. Specify _____
Black or Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background. Specify _____	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background. Specify _____
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background. Specify _____	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background. Specify _____
Mixed	<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> Black and Asian <input type="checkbox"/> Any other Mixed background. Specify _____	<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> Black and Asian <input type="checkbox"/> Any other Mixed background. Specify _____
Any other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Gipsy/Romany/ Irish Traveller <input type="checkbox"/> Any other background. Specify _____	<input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Gipsy/Romany/ Irish Traveller <input type="checkbox"/> Any other background. Specify _____
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

