**Why are we asking you to complete this form?**

We want to ensure that we receive feedback on health and social care integration for the diverse range of people within our local communities.

By filling in this form you will be helping us to:

* Find out who is and who isn’t involved in consultation
* Find out why some people are not able to consult
* Take steps to ensure our consultation is more inclusive of the people within the Partnership

**Who will see this information?**

* Your reply cannot be linked back to you
* We will group the replies together and only present the overall results
* We follow strict laws to ensure your personal details are protected

**Do I have to answer every question?**

No. There is a ‘prefer not to answer’ box for each question. However, we hope you will.

Your answers will help us to gain the best possible description of people who attend our events or provide feedback.

The information we gather from this anonymous form will help us to ensure the diverse range of the people in our local communities are able to consult and engage with us as partners.

**Thank you for your help**

**Monitoring Form**

Please identify where you are from (please put X in **ONE** box only)

|  |  |
| --- | --- |
| Clackmannanshire |  |
| Falkirk |  |
| Stirling |  |

Are you responding as an individual or an organisation?

|  |  |
| --- | --- |
| Individual |  |
| Organisation, please state organisation name: |  |

Please tell us which stakeholder group(s) you most identify with by marking an X the box(es):

|  |  |
| --- | --- |
| User of health or social care |  |
| Carer of user of health or social care |  |
| Health professional |  |
| Social care professional |  |
| Staff of the Health Board and Local Authority who are not health professionals or social care professionals |  |
| Third sector bodies carrying out activities related to health or social care |  |
| Commercial provider of health care |  |
| Non-commercial provider of health care |  |
| Commercial provider of social care |  |
| Non-commercial provider of social care |  |
| Non- commercial provider of social housing |  |
| Prefer not to answer |  |
| Other, please specify: |  |

Please tell us the first 4 or 5 digits of your postcode, e.g. FK10 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **F** | **K** | **1** | **0** |  | **5** |
|  |  |  |  |  |  |

1. Are you male or female? (Please put X in **ONE** box only)

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to answer |  |

1. Is your gender identity the same as the gender you were assigned at birth?

(Please put X in **ONE** box only)

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to answer |  |

1. Do you have any of the following conditions which have lasted, or are expected to last at least 12 months? (Please put X in all that apply)

The Equality Act 2010 protects disabled people. The Act defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person’s ability to carry out normal day to day activities.

|  |  |
| --- | --- |
| Deafness or severe hearing impairment |  |
| Blindness or severe vision impairment |  |
| Physical disability |  |
| Learning disability (for example, Down’s Syndrome) |  |
| Learning difficulty (for example, dyslexia) |  |
| Mental health condition (for example, depression or schizophrenia) |  |
| Long-term illness (for example, diabetes, cancer, HIV, heart disease or epilepsy) |  |
| None of the above |  |
| Prefer not to answer |  |
| Other condition, please specify |  |

1. What is your ethnic group? (Choose **ONE** section from A to E then X **ONE** box which best describes your ethnic group or background)

|  |
| --- |
| 1. **White**
 |
| Scottish |  | Welsh |  |
| English |  | Gypsy/Traveller |  |
| Irish |  | Polish |  |
| Northern Irish |  | Any other white ethnic group, please specify: |
|  |
| 1. **Mixed or multiple ethnic groups**
 |
| Any mixed or multiple ethnic groups, please specify: |  |
| 1. **Asian**
 |
| Pakistani, Pakistani Scottish or Pakistani British |  | Bangladeshi, Bangladeshi Scottish or Bangladeshi British |  |
| Indian, Indian Scottish or Indian British |  | Chinese, Chinese Scottish or Chinese British |  |
| Other, please specify |  |
| 1. **African, Caribbean or Black**
 |
| African, African Scottish or African British |  | Black, Black Scottish or Black British |  |
| Caribbean, Caribbean Scottish or Caribbean British |  | Other, please specify: |
|  |
| 1. **Other ethnic group**
 |
| Arab, Arab Scottish or Arab British |  |  |
| Other, please specify: |  |
| **Prefer not to answer** |  |

1. What religion, religious denomination or body do you belong to? (Please put X in **ONE** box only)

|  |  |  |  |
| --- | --- | --- | --- |
| None |  | Buddhist |  |
| Church of Scotland |  | Sikh |  |
| Roman Catholic |  | Jewish |  |
| Other Christian |  | Hindu |  |
| Muslim |  | Pagan |  |
| Prefer not to answer |  |
| Other, please specify |  |

1. How would you describe your sexual orientation? (Please put X in **ONE** box only)

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual/straight |  | Gay Man |  |
| Bisexual |  | Gay Woman/Lesbian |  |
| Prefer not to answer |  | Other: |  |

1. What was your age last birthday?

|  |  |
| --- | --- |
| Age at your last birthday? | \_\_\_\_\_years |
| Prefer not to answer |  |

**Thank you for taking time to complete this form**

Please return to:

XXXXX