

Amber Valley Citizens' Panel

This questionnaire asks you for information about you and your household, we need these details to make sure that the Amber Valley Citizens' Panel represents all the people in Amber Valley. If you would like to take part in the Amber Valley Citizens' Panel, please fill in the questionnaire:

Write clearly using BLOCK CAPITALS like this: **J O E B L O G G S**

Use black or blue pen not pencil. Use a cross and please keep the mark in the box
like this not like this

If the question or page is not applicable, please leave it BLANK unless a 'non-applicable' option is provided like this not like these **N/A**



We will treat all information that you give in the strictest confidence. Your identity will never be revealed, or passed to another agency outside the partnership.

1. Would you like to take part in the Citizens' Panel? (Please X ONE box only)

Yes No Member of Existing Citizens' Panel

2. How would you like to be involved? (Please X as many boxes as you would like)

Description	Time required	<u>X</u> if interested
Receiving up to six questionnaires a year by post, to respond in a freepost envelope	One hour per year	<input type="checkbox"/>
Receiving questionnaires by e-mail	One hour per year	<input type="checkbox"/>
Occasional questions by telephone	Two hours per year	<input type="checkbox"/>
Informal meetings with small groups of Panel members	Three hours per year	<input type="checkbox"/>
Face to face interviews	One hour per month	<input type="checkbox"/>

3. If you are interested in receiving questionnaires by e-mail please enter your e-mail address below.

YOU AND YOUR HOUSEHOLD

The following questions are about you and your household. Please answer all the questions as fully as you can.

4. Are you? (Please X ONE box only)

Male Female

5. Please describe yourself: (Please X ONE box only)

16 to 17 years	<input type="checkbox"/>	35 to 44 years	<input type="checkbox"/>	60 to 64 years	<input type="checkbox"/>
18 to 24 years	<input type="checkbox"/>	45 to 54 years	<input type="checkbox"/>	65 to 74 years	<input type="checkbox"/>
25 to 34 years	<input type="checkbox"/>	55 to 59 years	<input type="checkbox"/>	75 years and over	<input type="checkbox"/>

6. A disabled person is someone who has a physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out day to day activities.

Do you consider yourself to have a disability? (Please X ALL boxes that apply)

- | | |
|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Other (Please X and specify below) |
| <input type="checkbox"/> Yes, affecting mobility | <div style="border: 1px solid black; height: 100px;"></div> |
| <input type="checkbox"/> Yes, affecting hearing | |
| <input type="checkbox"/> Yes, affecting vision | |
| <input type="checkbox"/> Yes, a learning disability | |
| | |

7. Which of these activities best describes what you do at present?

(Please X ALL boxes that apply)

- Employed full-time (30 hours or more)
- Employed part-time (less than 30 hours)
- Self-employed full or part-time
- Unemployed and available for work
- Looking after the home
- Wholly retired from work
- On a Government training scheme
- Full-time education
- Carer
- Permanently sick/disabled
- Doing something else
(Please X and specify)

8. Are you employed by any of the following organisations? (Please X ALL boxes that apply)

- Any Derbyshire District Council
- Derbyshire County Council
- Derbyshire Constabulary
- Other Local Authority

9. Please describe yourself: (Please X ONE box only)

White

British

Any other white background (Please specify)

Irish

Mixed

White & Black Caribbean

White & Asian

White & Black African

Any other mixed background (Please specify)

Black or Black British

Caribbean

Any other black background (Please specify)

African

Asian or Asian British

Indian

Bangladeshi

Pakistani

Any other Asian background (Please specify)

Chinese

Any other ethnic background (Please specify)

10. What is your Religion, even if you are not currently practising? (Please X ONE box only)

Christian (including Church of England, Catholic, Protestant & all other Christian denominations)

Muslim

Sikh

Buddhist

Any other Religion (Please X and specify)

Hindu

Jewish

No Religion at all

11. Is your house / flat: (Please X ONE box only)

Owned or mortgaged by you / family

Other (Please X and specify)

Rented from a Housing Association

Rented from Amber Valley Housing

Rented from a private landlord

