

Community Care Grant Application Form

Local Welfare Provision from RBWM

Crisis Loans and Community Care Grants that were part of the Social Fund will be abolished from April 2013. The Government has provided local councils with funds to help people in the community with support for emergency needs.

In The Royal Borough of Windsor & Maidenhead we are now running a scheme called Local Welfare Provision. Awards for support or emergency needs will be discretionary. This means that the Council has the choice as to whether to make an award and will consider each application carefully based on the circumstances of each individual. The key differences between the DWP Social Fund and the new Local Welfare Provision are:

- Awards will be in goods, services or vouchers. Cash will not normally be paid.
- No loans will be made.
- Applicants will be encouraged to engage with a support service.
- Applicants will be given details of other services that may provide financial support.
- Applicants are limited to one award with the expectation that upon receiving this, you will be signposted to organisations that offer further assistance.

Before you apply please consider any alternative help that is available to you.

- Ensure that you are claiming the correct benefits to which you are entitled.
- Find out about local charities or voluntary organisations that may be able to assist you.
- Try to find some paid work to increase your income.
- Seek advice on how to manage your money or debt. The National Debtline can offer free and confidential advice on ways to manage debt and can be contacted on 0808 808 4000.
- The Money Advice Service are available on 0300 500 5000 or at www.moneyadviceservice.gov.uk
- The Citizens Advice Bureau are available for independent advice on 08444 111 444 or at www.citizensadvice.org.uk

Please be advised that, when necessary, any information provided may be passed to other departments, within the Royal Borough of Windsor & Maidenhead, if they are considered to be helpful in your situation at the time of application.

The DWP are still awarding the following Grants and Loans:

- Short Term Advances
- Budgeting Loans
- Sure Start Maternity Grant
- Cold Weather Payments
- Winter Fuel Payments
- Funeral Payment

Community Care Grants - Notes for Guidance

You *may* be able to get a Community Care grant if you qualify for, or are getting one of the following benefits:

- Income support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Any type of Pension Credit

You may also be able to get a Community Care Grant if you are likely to get one of these benefits when you leave care, such as a hospital, a care home, or a prison. This does not however, indicate an entitlement to an award; therefore, all individual circumstances will be taken in to account.

Community care grants are intended to promote care in the community, and are for people who have to cope with special difficulties, particularly when leaving care, such as a hospital, a care home, or a prison. You *may* be entitled if you meet all of the following:

- You are aged 16 or over.
- You are a resident of The Royal Borough of Windsor and Maidenhead, or have secured accommodation in the borough.
- You are returning to the community from institutional care (e.g. prison, long term hospital or other health care, dependency units).
- You are seeking to re-establish yourself, living independently in the community.
- There is no other way to assist you in re-establishing yourself in the community.
- There is no other option for this funding and this application is of last resort.
- You do not have any other funds saved that you could use to meet your needs.
- You are not excluded from receiving funding because of your immigration status.
- You must not have received or be eligible to receive, help from other public funds for the same needs.

More important information:

- Awards are discretionary. Therefore, a Community Care Grant is not a statutory right and there will be no duty on the council to make an award. Each application will be considered on its own merits.
- The applicant can be the person requiring care, a member of their immediate family, or someone else the applicant or their family will be providing care for.
- The applicant must demonstrate that the need cannot be met by another source, and the award will have a substantial and immediate effect on improving their circumstances.

Receipts

If you are awarded a community care grant you may be asked to provide receipts to show you have bought the items your grant was awarded for. **Please make sure you keep your receipts, you may be asked to provide them at a later date.**

How we decide what we can assist you with

Upon receipt of your fully completed application, the decision maker will look at all the information you have provided before deciding if we can make an award. We may need to contact you if further information is required at this stage. As there is limited funding we cannot make an award in every case. Therefore, it is important that we have as much information as possible in order to fully assess your situation.

Notification of Award

Applications are processed from Monday to Friday. Wherever possible, a decision will be made on the same day the application is received. However, please allow up to 24 hours as a same day decision cannot be guaranteed.

When a decision has been made you will be notified by letter, telephone, email or in person at our local office.

The Council may seek repayment of the monetary value of any award from the recipient if it comes to the Council's attention that a grant has been awarded as a result of:

- misleading information
- deception or
- fraud

The Council may take action to recover the sum through the appropriate legal processes in line with the Council's counter-fraud policy, which is committed to ensure that benefits and grants are delivered to those citizens who have a true entitlement to them.

If the Council becomes aware that an applicant has received a grant, payment or loan from another source for the same purpose as that which a Community Care Grant has been awarded, the Council may seek repayment of the monetary value of the award. Furthermore, where it comes to the Council's attention that an award has been used for a purpose other than that for which it was intended, or that an award has been sold (except where the item can reasonably be expected to be at the end of its useful life) the Council may seek repayment of the monetary value of that award.

Before you begin your application, please tick the box to confirm that you have fully read the guidance notes.

☐

Community Care Grant

This form should be filled in **by the person who is making the application**. Their details must go in **Part 2** and they must sign the **Declaration** at **Part 19**.

If you find it difficult to fill in this form, someone else can fill it in for you. If you are filling in this form for someone else, **tell us about them** throughout the form and also **complete Parts 1 and 19**.

Part 1 For people filling in and signing the form for someone else

Are you completing this form for someone else?

No ☐ Please sign the declaration at Part 19 before submitting your fully completed application.

Yes ☐ Please tell us about yourself below

I am their Social Worker

☐

I have Power of Attorney for them

☐

I am their appointee

☐

They agree to me making this application for them.

☐

Please send us a letter signed by the person named in **Part 2** and **sign this form in Part 19 yourself**

Your full name

Mr/Mrs/Miss/Ms

Date of birth

/ /

Address

Postcode

Daytime phone number

Code

Number

Part 2 **About you**

Surname or family name

Mr/Mrs/Miss/Ms

All other names (in full)

All other surnames or family names you have been known by or are using now

Address

Postcode

How long have you lived at this address?

Years

Months

Contact phone number
We will use this number if we need to contact you about your application. This may help us to make our decision more quickly.

Code

Number

Mobile:

Email address:

Date of birth

/

/

National Insurance (NI) number

Letters

Numbers

Letter

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Part 3 About where you live

Please tell us more about where you live

What type of property is this?

A home you own

☐

Rented – private landlord

☐

Rented – Housing Association
or other Social Landlord

☐

Other – please tell us about this

If the property is rented, please tell us about the landlord

Landlord's name

Daytime phone number

Code

Number

Can we contact the landlord, if we need more information?

No

☐

Yes

☐

Please note that if you live in rented accommodation provided by a Housing Association or Social Landlord, they may be able to offer you support.

Have you approached your Housing Association or Social Landlord for assistance?

Yes

☐

Please tell us more about what they offered you and what information you have gathered.

No

☐

Please contact your landlord prior to continuing with this application as they may be able to offer the support you require.

Part 4 **About your partner**

Please tell us about your partner, if you have one.

By *partner*, we mean

- A person you are married to or a person you live with as if you are married to them, or
- A civil partner or a person you live with as if you are civil partners.

Surname or family name

Mr/Mrs/Miss/Ms

All other names – in full

Date of birth

/ /

**National Insurance (NI)
number**

Letters

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Numbers

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Letter

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Part 5 About your children

Please tell us about any children who live with you

Surname or family name	All other names – in full	Sex M/F	Date of birth
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

Part 6 About other people who live with you

Please tell us about anyone else who lives with you

Person 1

Surname or family name	<input type="text" value="Mr/Mrs/Miss/Ms"/>
All other names – in full	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Their relationship to you	<input type="text"/>

Person 2

Surname or family name	<input type="text" value="Mr/Mrs/Miss/Ms"/>
All other names – in full	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Their relationship to you	<input type="text"/>

If you need to tell us about more people please go to **Other information at Part 18**

Part 7 About someone you look after

You may be able to get a community care grant to help you or your family to look after someone who

- has been in institutional or residential care, or
- is unable to look after themselves.

If you or your family are, or will be, looking after someone, please tell us about them below

Surname or family name

Mr/Mrs/Miss/Ms

All other names – in full

Address if they do not live with you

Postcode

Their relationship to you

Daytime phone number

Code

Number

Can we contact this person if we need more information?

No

☐

Yes

☐

Please tell us more about where they live

What type of property is this?

A home they own

☐

Rented from the local authority

☐

Rented-unfurnished

☐

Rented – partly furnished

☐

Rented – fully furnished

☐

Other – please tell us about this

If the property is rented, please tell us about the landlord

Landlord's name

Daytime phone number

Code

Number

Can we contact the landlord, if we need more information

No

☐

Yes

☐

Part 8 About the expenses you need to meet

It is important that we know as much as possible about the things you need.
If you are awarded a community care grant you may be asked to provide receipts to show you have bought the items the grant was awarded for. Please make sure you keep your receipts.

Household goods ☐ Clothing/bedding ☐ Furniture ☐

White goods ☐ Expenses (e.g. travel) ☐

Other ☐ Please tell us more below

What do you need?	How much will it cost? Include the cost of things like delivery, fitting or connection.	Who will use it?
--------------------------	--	-------------------------

1.	£	
2.	£	
3.	£	
4.	£	
5.	£	
6.	£	
7.	£	
8.	£	

Part 8 About the expenses you need to meet *continued*

Please tell us as much as you can about how these things will help with your special difficulties. This may help us to deal with your application more quickly.

- If you need to replace something, tell us what is wrong with the one you have and why you need to replace it.
- If you need something for the first time, tell us why you need it now, and how you have been managing without it.
- For things like curtains and carpets, tell us sizes and what room they are for.
- If you need something with special features, tell us what these features are and why you need them.

Why is it needed?

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Part 9

About leaving care

By care we mean a prison, hospital, care home or similar place.

Will you, a member of your immediate family, or someone you look after, be leaving care within the next six weeks?

No

☐

Yes

☐

Name and address of the prison, hospital, care home or similar place

<div>Postcode</div>

Prisoner number - if you are leaving prison

What date did you go in to care?

/	/
---	---

Date of leaving

/	/
---	---

- if this is more than six weeks away, wait until it is within six weeks before sending your application

If you are still in care, what address will you go to when you leave?

<div>Postcode</div>

You may be able to get a **community care grant** to help you or someone else move to a different address, if this will help

- you or them move back to the community after being in care
- you or them stay in the community instead of going into care
- you ease exceptional pressures on you and your family
- you set up home as part of a planned resettlement programme after you have had an unsettled way of life.

Please tell us below if

- **you**
- **a member of your family, or**
- **someone you are, or will be, looking after will be moving to a new address**

Who is moving?

When are they moving?

 / /

Why are they moving?

Where are they moving to?

Postcode

What type of property is this?

A home they own

☐

Rented from the local authority

☐

Rented-unfurnished

☐

Rented – partly furnished

☐

Rented – fully furnished

☐

Other – please tell us about this

If the property is rented, please tell us about the landlord

Landlord's name

Daytime phone number

Code

Number

Can we contact the landlord, if we need more information

No

☐

Yes

☐

Are you following a programme to help you resettlement because you have had an unsettled way of life?

No

☐

Yes

☐

Please tell us about this below

Why are you following the programme?

Tell us about how you were living before beginning the programme. Include details if you have moved around a lot, had temporary addresses, or have been sleeping rough

What does the programme involve?

Tell us what you are doing and how it is helping you to resettle. If the programme involves anyone helping you to resettle, tell us what they do and how it helps you.

If you have a written programme you can attach a copy of it instead.

If an organisation is running the programme, please tell us about them.

Name of the organisation

Name of the person helping you

Mr/Mrs/Miss/Ms

Address

Postcode	
Code	Number

Daytime phone number

Can we contact this person, if we need more information?

No ☐

Yes ☐

Part 11

About health problems

We need to know about any health problems. This information will be important in helping us decide your case.

By health problems we mean things like illness, a medical condition, disability, infirmity due to age, mental health problems, or drug or alcohol problems.

Please tell us below about anyone who has health problems. This could be

- you
- any members of your family, or
- someone you are, or will be, looking after

For each answer please state clearly which person you are telling us about. If you need more space please go to **Part 18**.

Do you or your family receive help from anybody else such as a social worker, home carer, relative or friend?

No ☐

Yes ☐

Please tell us about this below

Who provides this help?

*Part 11 **About health problems continued***

What help or treatment do they provide, who do they help, and how often do they provide this?

Who has health problems?

What health problems does each person have?

Please tell us how each person is affected

Tell us how their health affects their everyday life. Tell us what things they find difficult or cannot do for themselves because of their health problems.

Part 11 **About health problems continued**

Do any of the people you have told us about see a doctor regularly?

No ☐

Yes ☐

Please tell us about this

Please tell us who sees a doctor regularly and what treatment they get. For example, medication, counselling or physiotherapy

Have any of the people you have told us about recently been in hospital, a care home, rehabilitation centre, or somewhere like this?

No ☐

Yes ☐

Please tell us about this below

Please tell us who this was

Name and address of the place they were in

Daytime phone number

Postcode

What date did they go in?

/ /

What date did they leave?

/ /

Part 11 About health problems continued

Has anyone you have told us about had their needs assessed by social services or a health care professional?

No

☐

Yes

☐

Please tell us about this

Please tell us about the assessment

Will the local authority be helping with any equipment or appliances the person needs? Please tell us about any help they will give.

Do any of the health problems you have told us about mean you have extra expenses?

No

☐

Yes

☐

Please tell us about this

Please tell us whose health problems mean you have extra expenses, and what they need that costs more than if they were in good health?

How much does this cost, and how often do they need this?

£

every

Part 12 About home leave from detention

You may be able to have a community care grant to help you look after someone on home leave from prison or a young offenders' institution.

If you or your partner are looking after someone who is on home leave from prison or a young offenders' institution, please tell us about this.

Their name	<input type="text" value="Mr/Mrs/Miss/Ms"/>
Their date of birth	<input type="text" value="/ /"/>
Their relationship to you	<input type="text"/>
What date does the leave start?	<input type="text" value="/ /"/>
What date does the leave finish?	<input type="text" value="/ /"/>
Name of institution	<input type="text"/>
Can we contact this place if we need more information?	<div><div>No</div><div>Yes</div></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
If you need help with living expenses for the person who will be staying with you, how much will you need?	<input type="text" value="£"/>

At **Part 8** tell us about any other expenses you need to meet so you can look after them.

Part 13 **About travelling expenses**

Use this section to tell us about a journey you are going to make.

You may be able to have a community care grant to help with the cost of travelling within the United Kingdom if you or members of your family need to travel to:

- ease a domestic crisis
- move to suitable accommodation

We may also help with expenses if they will:

- help someone who is leaving care
- help someone stay in the community rather than go into care
- Ease exceptional pressure on families

If someone is unable to travel alone, we may be able to include the expenses of someone to travel with them.

About the reasons for your journey

Travelling because of a domestic crisis

If you are travelling because of a domestic crisis, which includes escaping domestic abuse, tell us what the crisis is or what the crisis was, and how making the journey will help or has helped.

Travelling for another reason

If you or members of your family are travelling for another reason, please tell us why you need to make the journey.

More about the journey

Who will be making the journey?

What is the address they are travelling to?

Postcode

How are they making the journey?

Please include all types of transport, for example car, bus or train. If there are special reasons for using a particular type of transport, tell us about it.

How much will each journey cost?

£

Is this the cost of a single or a return journey?

People who need a travelling companion

If someone is unable to travel alone, please say who and explain why.

You do not need to fill this in if the person is a child.

Staying overnight

If you need help with the cost of an overnight stay, how much will this cost for each person?

£

Please explain the need for an overnight stay

Who will stay overnight?

Where will they be staying?

Part 14 About savings and other money you could use

Please tell us about any savings or other capital you or your partner has, because savings may affect the amount we can award.

Do you, or your partner, or your children or qualifying young person, have any money?

This includes cash.

No ☐

Yes ☐

Tell us how much this is and who it belongs to

£

Do you, or your partner, or your children or qualifying young person, have any savings?

No ☐

Yes ☐

How much?

Include money in

- Bank or building society accounts
- A credit union account
- National Savings Certificates
- Premium bonds
- Shares
- PayPal accounts

£

Please say where the money is held and whom it belongs to

Have you approached any local voluntary or charity organisations for specific assistance?

This could include

- Citizens Advice Bureau
- Food banks

No ☐

Yes ☐

Please tell us more.

If you answered no, please state why. If you answered yes, please tell us more about what they offered you, or what information you have gathered.

Part 14 About savings and other money you could use *continued*

Is there any other money you or your partner could use?

No ☐

Yes ☐

How much?

£

This could be from

- A credit card
- A loan or overdraft from a bank
- A store card
- Insurance policies you or your partner could claim on.
- PayPal accounts

Please tell us about this

Can you or your partner get help from anywhere else, in cash or in kind?

No ☐

Yes ☐

How much?

£

This could be from

- Relatives or friends
- Employers
- Charities and benevolent funds

Please tell us about this

Include items you could borrow.

Do you or your partner own any property, apart from where you live?

No ☐

Yes ☐

Please tell us about this

You may be able to get a **community care grant** if you are in care, such as a hospital, a care home or a prison, and if:

- you expect to be discharged **within six weeks**, and
- you will probably get Income Support, income based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit when you are discharged.

If you are leaving care within the next **six weeks** and will claim any of the benefits listed above, please tick this box

☐

Please tell us about any money you or your partner get regularly.

We mean things like benefits or entitlements (such as Income Support, Jobseeker's Allowance, Employment and Support Allowance, Pension Credit, Disability Living Allowance, Attendance Allowance and Child Benefit), pensions, tax credits, wages, and maintenance payments.

You	Your partner
Income 1 The type of money you get <input type="text"/> How much are you getting and how often? <input type="text"/> every When did you last get a payment? <input type="text"/> / <input type="text"/> / <input type="text"/> When will you get your next payment? <input type="text"/> / <input type="text"/> / <input type="text"/>	Income 1 The type of money you get <input type="text"/> How much are you getting and how often? <input type="text"/> every When did you last get a payment? <input type="text"/> / <input type="text"/> / <input type="text"/> When will you get your next payment? <input type="text"/> / <input type="text"/> / <input type="text"/>
Income 2 The type of money you get <input type="text"/> How much are you getting and how often? <input type="text"/> every	Income 2 The type of money you get <input type="text"/> How much are you getting and how often? <input type="text"/> every

<p>When did you last get a payment?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0; text-align: center;">/ /</div> <p>When will you get your next payment?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0; text-align: center;">/ /</div>	<p>When did you last get a payment?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0; text-align: center;">/ /</div> <p>When will you get your next payment?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0; text-align: center;">/ /</div>
<p>Income 3</p> <p>The type of money you get</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin: 5px 0;"></div> <p>How much are you getting and how often?</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin: 5px 0; text-align: center;">£ every</div> <p>When did you last get a payment?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0; text-align: center;">/ /</div> <p>When will you get your next payment?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0; text-align: center;">/ /</div>	<p>Income 3</p> <p>The type of money you get</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin: 5px 0;"></div> <p>How much are you getting and how often?</p> <div style="border: 1px solid black; width: 250px; height: 25px; margin: 5px 0; text-align: center;">£ every</div> <p>When did you last get a payment?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0; text-align: center;">/ /</div> <p>When will you get your next payment?</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0; text-align: center;">/ /</div>

Part 16 About money you have paid out

**Do you or your partner
have to pay any money out
regularly?**

No ☐

Yes ☐

Tell us about this below

Do not include any money
that may already be taken
from any benefit that you
get. Include things like:

- Rent
- Gas, electricity and water payments
- TV rental/licence
- Meals at home
- Phone bills
- Maintenance payments
- Credit card/catalogue bills
- Hire purchase payments
- Loan payments

Who do you pay the money to?	How much do you pay and how often?	How much is owed?
	£ every	£
	£ every	£
	£ every	£
	£ every	£
	£ every	£

Part 17 About other difficulties

We need to know about any other difficulties you have not already told us about. These may be things like family problems, poor living conditions or coping after a disaster, but tell us about anything that makes your situation unusually hard to cope with.

Please tell us below:

- **What the difficulties are, and**
- **How they affect you, your family, or someone you are, or will be, looking after.**

Part 18 **Other information**

Check the information you have given us so far.

If there is anything you have not told us about that you think may affect whether we can assist you, tell us about this here.

Use a separate sheet of paper if you run out of space, but please remember to put your name and National Insurance number clearly on each sheet you use.

Also make sure that your name is on any other papers that you send to us with the form.

Part 19 Declaration

This declaration is legally binding. Please read all the points carefully and make sure you understand them before signing and dating the form.

- **I declare** that the information I have given on this form is true and complete as far as I know and believe.
- **I agree** my personal and financial information can be shared and disclosed between The Royal Borough of Windsor and Maidenhead Client Finance Team - Local Welfare Provision, Social Services, The Council's Housing Benefit and Council Tax Support Teams, and the Department for Work and Pensions for the purposes of my assessment for a Community Care Grant and for the purpose of assessing my entitlement to benefits on a continuing basis.
- **I authorise** The Royal Borough of Windsor and Maidenhead to check relevant confidential information required to determine this application with any other voluntary organisation, agency, company or person mentioned throughout this completed form.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to legal action.
- **I understand** that I must provide receipts for the items I have been awarded if I am asked to do so.
- **I declare** that if I am awarded a grant or support, I will spend it on the items that the award has been made for only.

The Royal Borough of Windsor and Maidenhead (RBWM) is a Data Controller under the Data Protection Act 1998 ("the Act"). This statement confirms RBWM's commitment to protect your privacy and to process your personal information in a manner that meets the requirements of the Act.

Signature

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Date

/	/
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Part 20 **What to do now**

Check that you have completed all parts of the form that applies to you. Make sure you or your representative have signed the **Declaration** at **Part 19**.

If you have signed the form for someone else, please make sure you have given us your details in **Part 1**.

Send or take this form and any documents we have asked for to Client Finance Team - Local Welfare Provision, The Royal Borough of Windsor and Maidenhead, Town Hall, St Ives Road, Maidenhead, Berkshire, SL6 1RF

More information

If you need help to fill in this form

If you need help to fill in this form, you can ask someone else to fill it in for you. Someone else, such as a relative, a friend or a welfare rights adviser, can help you to fill in the form. You will need to sign the **Declaration** at **Part 19**.

If you want someone else to make the application on your behalf, we will deal with them in future. You will need to sign a letter saying they can make the application for you. They will need to complete **Part 1** and they should sign the **Declaration** at **Part 19**.

How we collect and use information

The information we collect about you and how we use it depends mainly on the reasons for your business with us.

We may get information from others to check the details you give to us and to improve our services. We may give information to other organisations as the law allows, for example to safeguard against crime. Your personal information may be shared and disclosed between The Royal Borough of Windsor and Maidenhead Local Welfare Provision, Social Services, The Council's Housing Benefit and Council Tax Support Teams, and The Department for Work and Pensions for assessment purposes. We may also check your information within the departmental IT systems to determine how we might be able to further assist you.

Local Welfare Provision Diversity Monitoring Form

The Public Sector Equality Duty does not expressly require the Council to collect equality information. However, collecting, analysing and using the information helps us to see how our policies and activities are affecting various sections of our communities.

We will be grateful if you could take a little time to complete and submit this form. Please go through it and tick all the categories that most accurately describe you. The information you provide on this form will be held in accordance with the Data Protection Act 1998 and treated with the strictest confidence. It will only be used for the purpose stated above.

Gender

Male ☐ Female ☐

Marital Status

Single ☐ Married ☐ Civil Partnership ☐ Divorced ☐
Widowed ☐

Age

15 and under ☐ 16-19 ☐ 20-29 ☐
30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐

How would you describe your ethnic origin?

Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	Black or Black British African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/>
White British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <input type="checkbox"/>	Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/>
Other ethnic group Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>	Do not wish to provide this data <input type="checkbox"/>

What is your religion or belief?Buddhist ☐Christian ☐Hindu ☐Prefer not to say ☐Jewish ☐Muslim ☐Sikh ☐

Other (please specify)

Disability

Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities.

Do you have a disability?

Yes ☐No ☐I do not wish to disclose this information ☐

If yes, please give brief details

Thank you for completing this form