

Confidential

To help the Council monitor its Equal and Diversity Policy, would you please provide the information requested below. This information is kept separate from your representation.

Thank you for your co-operation. It is essential that you complete all sections of this form.

### Age

What is your date of birth?

### Gender

Male  Female  Prefer not to say

Do you identify as transgender?

(For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth)

Yes  No  Prefer not to say

### Disability

The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a 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.

Do you consider yourself to have a disability according to the terms given in the DDA:

Yes  No

If you have answered yes, please indicate the type of impairment which applies to you.

People may experience more than one type of impairment, in which case tick all types that apply. If your disability does not fit any of these types, please mark other.

- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches
- Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment.
- Mental health condition, such as depression or schizophrenia.
- Learning disability, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy.
- Other, such as disfigurement.

**What is your ethnic group/background?**

(Choose one section from **A to E**, then tick one box which best describes your ethnic group or background)

**A. White**

- |                          |  |                          |         |                          |                 |                          |                |
|--------------------------|--|--------------------------|---------|--------------------------|-----------------|--------------------------|----------------|
| <input type="checkbox"/> | Scottish   | <input type="checkbox"/> | English | <input type="checkbox"/> | Welsh           | <input type="checkbox"/> | Northern Irish |
| <input type="checkbox"/> | British  | <input type="checkbox"/> | Irish   | <input type="checkbox"/> | Gypsy/Traveller | <input type="checkbox"/> | Polish         |
| <input type="checkbox"/> | Any other white ethnic group, please write in <input type="text"/> |                          |         |                          |                 |                          |                |

**B. Mixed or multiple ethnic groups**

- Any mixed or multiple ethnic groups, please write in

**C. Mixed or multiple ethnic groups**

- Indian, Indian Scottish or Indian British
- Pakistani, Pakistani Scottish or Pakistani British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in

**D. African, Caribbean or Black**

- African, African Scottish or African British
- Caribbean, Caribbean Scottish, or Caribbean British
- Other, please write in

**E. Other ethnic group**

- Arab
- Other, please write in

**F. Prefer not to say**

**Religion or belief**

**What religion, religious denomination or body do you belong to?**

- |                          |   |                          |                   |                          |                      |
|--------------------------|---|--------------------------|-------------------|--------------------------|----------------------|
| <input type="checkbox"/> | No religion or belief                       | <input type="checkbox"/> | Buddhist          | <input type="checkbox"/> | Christian            |
| <input type="checkbox"/> | Hindu                                       | <input type="checkbox"/> | Jewish            | <input type="checkbox"/> | Muslim               |
| <input type="checkbox"/> | Sikh  | <input type="checkbox"/> | Prefer not to say |                          |                      |
| <input type="checkbox"/> | Another religion or belief, please write in |                          |                   |                          | <input type="text"/> |

**Sexual Orientation**

- |                          |          |                          |                       |                          |               |                          |                   |
|--------------------------|----------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|-------------------|
| <input type="checkbox"/> | Bisexual | <input type="checkbox"/> | Heterosexual/Straight | <input type="checkbox"/> | Lesbian / Gay | <input type="checkbox"/> | Prefer not to say |
|--------------------------|----------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|-------------------|

In terms of the Data Protection Act 1998, I consent to the information which I have provided being used to monitor the effectiveness of the Council's Equal Opportunities Policy.

**Signature**

**Date**

Please return this form along with your Local Development Plan Representation Form to the address below:

Gordon Cameron,  
Planning and Building Standards HQ Manager  
Community and Enterprise Resources  
South Lanarkshire Council  
Montrose House  
154 Montrose Crescent  
Hamilton  
ML3 6LB

For further information or to enquire about having this information supplied in an alternative format or language, please phone 01698 455934 or email: [planning@southlanarkshire.gov.uk](mailto:planning@southlanarkshire.gov.uk)