

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

- Scottish English Welsh Northern Irish
 British Irish Gypsy/Traveller Polish
 Any other white ethnic group, please write in

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?

- No religion or belief Buddhist Christian
 Hindu Jewish Muslim
 Sikh Prefer not to say
 Another religion or belief, please write in

Sexual Orientation

- Bisexual Heterosexual/Straight Lesbian / Gay 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