



Cardiff Citizens' Panel



Working for Cardiff, Working together.

Do you consent to being placed on the Cardiff Council Citizens Panel for future consultations?

Yes

No

What is your Title?

Contact details:

Name

Address

Home phone number

Mobile phone number

Email address

@

Alternative Email

@

Works Email

@

What is your Date of Birth (dd/mm/yy)

 / /

What is your post code

Are you...?

Female

Male

Other

Prefer not to say

Other (please specify)

Do you identify as Trans?

Yes

No

Prefer to self-describe

Prefer not to say

Do you have any children?

Yes

No

How many children live in your household?

0

1

2

3

4

5

6

What is the age of your child / ren? - This information will enable us to identify any age appropriate consultations and will not be shared with any third parties

Child One

Child Two

Child Three

Child Four

Child Five

Child Six

Other than yourself, are there any other adults living in your household?

Yes

No

How many adults, other than yourself, live in your household?

1

2

3

4

5+

Which of the following best describes what you are doing at present?

Working fulltime (30+ hours per week)

Working part time (less than 30 hours per week)

On a government training scheme

In full time education

Unemployed - Registered Job Seeker

Unemployed - Unregistered but seeking work

On a zero hour contract

Permanently sick or disabled person

Wholly retired from work

Looking after home

Caring for a child or adult

Other (please specify)

Which of the following best describes your housing tenure? Please tick one box only.

Owned outright

Rented from a Housing Association

Owned with a mortgage

Private rented

Rented from the Local Authority

Other (please specify)

Are you currently serving in the armed forces?

Yes

No

Are you an armed forces service leaver (veteran)?

Yes

No

Do you identify as a disabled person? Please tick one box only.

Yes

No

Prefer not to say

Please tick any of the following that apply to you: Please tick all that apply.

Deaf / Deafened / Hard of hearing

Learning impairment / difficulties

Long-standing illness or health condition (e.g. cancer, HIV, diabetes, or asthma)

Wheelchair user

Mental health difficulties

Mobility impairment

Visual impairment

Prefer not to say

Other (please specify)

Do you regard yourself as belonging to any particular religion? Please tick one box only.

- Yes No, no religion

If yes please specify:

- Buddhist
 Christian (Including Church in Wales, Catholic, Protestant and all other Christian denominations)
 Hindu
 Jewish
 Muslim
 Sikh
 Prefer not to answer
 Other (please specify)

How would you describe your sexual orientation?

- Bisexual
 Gay Man
 Gay Woman / Lesbian
 Heterosexual / Straight
 Prefer not to answer
 Other (please specify)

Are You:

- Single
 In a same-sex Civil Partnership
 Separated / divorced or legally separated if formerly in a same-sex Civil Partnership
 Widowed
 Living together / Co-habiting
 Married

Do you consider yourself to be Welsh? Please tick one box only.

- Yes No

In which language would you prefer to receive correspondence? Please tick one box only.

- English Welsh

What is your ethnic group?

Where the term 'British' is used, this refers to any of the four home nations of Wales, England, Northern Ireland and Scotland, or any combination of these.

- | | |
|--|--|
| <input type="checkbox"/> White - British | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> White - Gypsy or Irish Traveller | |
| <input type="checkbox"/> White - Any other white background (please specify) | <input type="text"/> |
| <input type="checkbox"/> Asian/Asian British - Indian | <input type="checkbox"/> Asian/Asian British - Chinese |
| <input type="checkbox"/> Asian/Asian British - Bangladeshi | <input type="checkbox"/> Asian/Asian British - Pakistani |
| <input type="checkbox"/> Asian/Asian British - Any other (please specify) | <input type="text"/> |

- Black/African/Caribbean/Black British - African
- Black/African/Caribbean/Black British - Caribbean
- Black/African/Caribbean/Black British - Any other (please specify)
- Mixed/Multiple Ethnic Groups - White and Black Caribbean
- Mixed/Multiple Ethnic Groups - White and Black African
- Mixed/Multiple Ethnic Groups - White & Asian
- Mixed/Multiple Ethnic Groups - Any other (please specify)
- Arab
- Prefer not to say
- Any other ethnic group (please specify)

How did you find out about the Citizens' Panel?

- Poster
- Facebook
- Twitter
- Friend or family member

Please specify who recommended the panel so that we can send them Time Credits.

What methods of consultation are you willing to participate in as part of your panel membership?

Please tick all that apply.

- Online Questionnaires
- Hard copy Questionnaires (paper)
- Focus groups
- Workshops
- Online Forums
- Community Events

The information that you provide in completing this form will be treated as confidential, in line with the requirements of the Data Protection Act 2018 and the General Data Protection Principles.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

If you wish to withdraw consent at any time, please email consultation@cardiff.gov.uk For further information on how we process your personal data please refer to our Privacy Policy - or contact the Data Protection Officer, Room 357, County Hall, CF10 4UW, email: dataprotection@cardiff.gov.uk

Thank you for your time, your Information will be added to our database and we will be in contact in due course. Welcome to the Cardiff Citizens' Panel! please press 'submit' to send your response

If you require any further information on the Citizens' Panel or this application form, please contact: Cardiff.ResearchCentre@cardiff.gov.uk