

Do you want to make sure that you are heard?

An invitation to join Babergh District Council's 'Equality for All' Panel

Are you interested in ensuring that everyone in our society has fair and equal access to public services - regardless of their age, gender, ethnicity, sexuality, faith or degree of disability?

Babergh District Council, which covers South Suffolk, wants to be sure that our services meet the needs of all our customers.

Why not join our 'Equality for All' Panel.

It is made up of people who have agreed to share their thoughts with us on our services and give feedback.

We try to get it right but without listening carefully to all our customers we may be missing something. We will be in regular contact with Panel Members by email or letter to help us get it right.

There is bound to be at least one service we provide that involves you or you would like to receive. So we want to involve you when we change services or when we develop new ones.

Using a service that doesn't quite meet your needs can be non-productive and frustrating; we want to be as effective and efficient as possible. Your views matter if things are going to change.

We want you to become a founding Member of our 'Equality for All' Panel.

Anyone can join. We want to get as wide a range of people as possible to become Panel Members. All we ask is that you tell us exactly what you think.

We hope it will be a long term and satisfying relationship - one that helps us to get our services right and gives you the satisfaction that you are making a difference.

All you need to do is complete the attached registration form and promise to respond to our requests for your views when you feel you have something to say. And that's it.

Of course, we would like you to do more if you are up for it. We plan to put on occasional social events as a way of thanking the Panel for their participation. And we hope that Panel Members will interact with each other about Council services.





The 'Equality for All' Panel Registration Form

The information you provide on this form will help us get our services right. As Panel Members it's important that we have these details so we can be certain about who we are in contact with and how your perspective will help us shape our services. Particularly if we need views or input from specific groupings in our communities.

So please answer the following questions, tick the appropriate boxes and include any extra information if necessary. We can't be expected to get our services right if we don't know who our customers are - so please tell us about who you are. This information will remain confidential to the Council.

DATA PROTECTION NOTICE

Babergh District Council is a Data Controller for the purposes of the Data Protection Act 1998. Any personal information supplied on this form will be processed in accordance with the principles of the Act. The details collected on this form will be used as part of an on-going public consultation exercise to help formulate policy and procedures. Your information will not be used for any other purpose and your name or address will not be associated with any comments.

Name:

Address:

Contact Details:

Email

Telephone

Mobile Phone

What is your Faith/Belief?

- | | | | |
|------------------------|--------------------------|---|--------------------------|
| <i>Atheist</i> | <input type="checkbox"/> | <i>Muslim</i> | <input type="checkbox"/> |
| <i>Buddhist</i> | <input type="checkbox"/> | <i>None</i> | <input type="checkbox"/> |
| <i>Christian</i> | <input type="checkbox"/> | <i>Pagan</i> | <input type="checkbox"/> |
| <i>Hindu</i> | <input type="checkbox"/> | <i>Sikh</i> | <input type="checkbox"/> |
| <i>Jewish</i> | <input type="checkbox"/> | <i>Any other (please give details below).....</i> | <input type="checkbox"/> |

What is your Ethnic Origin?

White

- British*.....
- Romany*.....
- Irish*.....
- Irish traveller*
- Any other white background (please give details below)*.....

Black or black British

- African*.....
- Caribbean*
- Any other black background (please give details below)*.....

Bi-racial/dual heritage background

- White and Asian*.....
- White and black African*
- White and black Caribbean*.....
- Any other mixed background (please give details below)*.

Asian or Asian British

- Bangladeshi*.....
- Indian*.....
- Pakistani*.....
- Sri Lankan*.....
- Any other Asian background (please give details below)*.....

Chinese

- Chinese*.....
- Any other Chinese background (please give details below)*.....

What is your Age?

- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| <i>Under 16</i> | <input type="checkbox"/> | <i>50 to 59</i> | <input type="checkbox"/> |
| <i>17 to 24</i> | <input type="checkbox"/> | <i>60 to 74</i> | <input type="checkbox"/> |
| <i>25 to 39</i> | <input type="checkbox"/> | <i>75 to 84</i> | <input type="checkbox"/> |
| <i>40 to 49</i> | <input type="checkbox"/> | <i>85 and over</i> | <input type="checkbox"/> |

What is your Gender?

- Female*
- Male*
- Transgender*.....
- Living as the sex opposite to that shown on your birth certificate.*

What is your Sexuality?

- | | | | |
|--------------------------------------|--------------------------|--------------------------------|--------------------------|
| <i>Heterosexual (Straight)</i> | <input type="checkbox"/> | <i>Lesbian/Gay Woman</i> | <input type="checkbox"/> |
| <i>Homosexual/Gay Man</i> | <input type="checkbox"/> | <i>Bisexual</i> | <input type="checkbox"/> |

Do you consider yourself to have a physical disability or impairment that has a substantial effect on your ability to carry out normal day-to-day activities?

- Yes* *No*.....

If Yes, please provide details:

Do you consider yourself to have a mental disability or impairment that has a substantial effect on your ability to carry out normal day-to-day activities?

- Yes* *No*.....

If Yes, please provide details:

Household Details - Do you:

- | | | | |
|----------------------------------|--------------------------|--|--------------------------|
| <i>Live alone</i> | <input type="checkbox"/> | <i>Live with people dependant on you or your partner</i> | <input type="checkbox"/> |
| <i>Live with partner</i> | <input type="checkbox"/> | <i>Any other combination - please give details below</i> | <input type="checkbox"/> |
| <i>Live with relatives</i> | <input type="checkbox"/> | | |
| <i>Live with friends</i> | <input type="checkbox"/> | | |

Please provide details:

Do you have dependant children?

Yes..... No.....

If yes, how many:

Employment details:

Employed - Full-time..... Full-time/Part-time Education

Employed - Part-time..... Home Carer.....

Unemployed..... Self-employed

Retired..... Other

If Other, please provide details:

Are there any other details about your life that could have a bearing on the services you need from the Council e.g. do you care for a dependant relative?

How would you like us to contact you?

By email..... By letter.....

Thank you for joining our Panel. We will confirm your registration/send you a welcome pack shortly.

Please return the completed form to:

**The Fairness and Equal Access Group
Babergh District Council
Corks Lane
Hadleigh
IPSWICH
IP7 6SJ**

Telephone: 01473 826672

