



**Do you consider yourself to have a disability?**

Yes  No

If you have answered 'yes', please select the definition/s from the list below that best describes your impairment:

|                                    |                          |   |                          |                            |                          |                                    |                          |
|------------------------------------|--------------------------|---|--------------------------|----------------------------|--------------------------|------------------------------------|--------------------------|
| Learning Disability/<br>Difficulty | <input type="checkbox"/> | Long standing<br>illness or health<br>condition | <input type="checkbox"/> | Mental Health<br>condition | <input type="checkbox"/> | Physical or mobility<br>impairment | <input type="checkbox"/> |
| Sensory<br>Impairment              | <input type="checkbox"/> | Other   | <input type="checkbox"/> | please specify:            |                          |                                    |                          |

It would help us to know any barriers you have faced when dealing with us. Please also use this space to make suggestions on how we can improve.

**How do you describe your ethnic origin?**

Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

**White**

|  |                          |         |                          |                              |                          |
|--|--------------------------|---------|--------------------------|------------------------------|--------------------------|
| British                                  | <input type="checkbox"/> | Cornish | <input type="checkbox"/> | Irish                        | <input type="checkbox"/> |
| Gypsy                                    | <input type="checkbox"/> | Roma    | <input type="checkbox"/> | Travellers of Irish Heritage | <input type="checkbox"/> |
| Other white background (please specify): |                          |         |                          |                              |                          |

**Mixed**

|  |                          |                       |                          |                         |                          |
|--|--------------------------|-----------------------|--------------------------|-------------------------|--------------------------|
| White & Asian                            | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> | White & Black Caribbean | <input type="checkbox"/> |
| Mixed Cornish                            | <input type="checkbox"/> |                       |                          |                         |                          |
| Other mixed background (please specify): |                          |                       |                          |                         |                          |

**Black or Black British**

|  |                          |           |                          |         |                          |
|--|--------------------------|-----------|--------------------------|---------|--------------------------|
| African                                  | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Cornish | <input type="checkbox"/> |
| Other black background (please specify): |                          |           |                          |         |                          |

**Asian**

|  |                          |         |                          |        |                          |           |                          |
|--|--------------------------|---------|--------------------------|--------|--------------------------|-----------|--------------------------|
| Bangladeshi                              | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Cornish                                  | <input type="checkbox"/> |         |                          |        |                          |           |                          |
| Other Asian background (please specify): |                          |         |                          |        |                          |           |                          |