

Application form

Personal Details

Title (Mr, Mrs, Ms, Miss etc.):	
Surname/Family Name:	
First Name:	
Address:	
Email Address (this will be the main form of communication with you)	
Telephone No. (the main number you would prefer us to contact you on:	

About you

GP Practice Name and address:	
Are you a member of any Practice Patient Reference Groups or any community or voluntary groups:	Yes <input type="radio"/> No <input type="radio"/> If yes, please list:

Tell us why you are interested in joining Darlington CCG Community Council??

Tell us about any personal attributes/experience/skills that you feel you can bring to this role

Do you have any particular areas of interest in health? (Please list)

Your availability:

Are you available to attend meetings:

- During office hours Yes No
- In the evenings Yes No

Are you available on specific days only? Yes No

If yes, please specify:

More information about you

As part of our commitment to Equality monitoring and our work in meeting the requirements of the Equalities Act, we are collecting the following information for monitoring purposes only, as it will help us to understand how we are making sure Darlington communities are represented.

These questions are completely optional, but we hope you will complete them.

1. How old are you?

- | | | |
|----------------------------------|----------------------------------|--|
| 16 - 17 <input type="checkbox"/> | 35 - 44 <input type="checkbox"/> | 65 - 74 <input type="checkbox"/> |
| 18 - 24 <input type="checkbox"/> | 45 - 54 <input type="checkbox"/> | 75 or older <input type="checkbox"/> |
| 25 - 34 <input type="checkbox"/> | 55 - 64 <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |



2. What is your gender?

Male

 ₁

Female

 ₂

Other

 ₃

Prefer not to say

 ₄

3. Does your gender identity match your sex as registered at birth?

Yes

 ₁

No

 ₂

Prefer not to say

 ₃

4. Are you currently pregnant or have you been pregnant in the last year?

Yes

 ₁

No

 ₂

Prefer not to say

 ₃

Not applicable

 ₄

5. Are you currently...?

Single (never married or in a civil partnership) ₁

Separated (but still legally married or in a civil partnership) ₅

Cohabiting ₂

Divorced or civil partnership dissolved ₆

Married ₃

Widowed or a surviving partner from a civil partnership ₇

In a civil partnership ₄

Prefer not to say ₈

6. Do you have a disability, long-term illness or health condition?

Yes

 ₁

No

 ₂

Prefer not to say

 ₃

Go to Q7

Go to Q8

Go to Q8

7. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

A long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	<input type="checkbox"/> ₁
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	<input type="checkbox"/> ₂
A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	<input type="checkbox"/> ₃
A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder)	<input type="checkbox"/> ₄
A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)	<input type="checkbox"/> ₅

Blind or have a visual impairment uncorrected by glasses	<input type="checkbox"/> 6
Deaf or have a hearing impairment	<input type="checkbox"/> 7
An impairment, health condition or learning difference that is not listed above	<input type="checkbox"/> 8
Prefer not to say	<input type="checkbox"/> 9

8. Do you have any caring responsibilities? (Please tick all that apply)

None	<input type="checkbox"/> 1
Primary carer of a child or children (under 2 years)	<input type="checkbox"/> 2
Primary carer of a child or children (between 2 and 18 years)	<input type="checkbox"/> 3
Primary carer of a disabled child or children	<input type="checkbox"/> 4
Primary carer or assistant for a disabled adult (18 years and over)	<input type="checkbox"/> 5
Primary carer or assistant for an older person or people (65 years and over)	<input type="checkbox"/> 6
Secondary carer (another person carries out main caring role)	<input type="checkbox"/> 7
Prefer not to say	<input type="checkbox"/> 8

	Yes	No	Prefer not to say
9. Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g.: Territorial Army)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. Have you ever served in the UK Armed Forces?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. Are you a member of a current or former serviceman or woman's immediate family / household?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

12. What is the first half of your postcode? (For example – SR1 or NE38)

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13. Which race or ethnicity best describes you? (Please select one box only)

Asian/British Asian: Bangladeshi <input type="checkbox"/> ₁	Mixed Race: Black & White <input type="checkbox"/> ₁₀
Asian/British Asian: Chinese <input type="checkbox"/> ₂	Mixed race: Asian & White <input type="checkbox"/> ₁₁
Asian/British Asian: Indian <input type="checkbox"/> ₃	
Asian/British Asian: Pakistani <input type="checkbox"/> ₄	Gypsy or traveller <input type="checkbox"/> ₁₂
White: British <input type="checkbox"/> ₅	Rather not say <input type="checkbox"/> ₁₃
White: Irish <input type="checkbox"/> ₆	
White: European <input type="checkbox"/> ₇	
Black/British Black: African <input type="checkbox"/> ₈	Another race or ethnicity <input type="checkbox"/> ₁₄
Black/British Black: Caribbean <input type="checkbox"/> ₉	Please write in below:

14. Which of the following terms best describes your sexual orientation?

- | | | |
|--|--|--|
| Heterosexual or straight <input type="checkbox"/> ₁ | Bisexual <input type="checkbox"/> ₄ | Prefer not say <input type="checkbox"/> ₆ |
| Gay man <input type="checkbox"/> ₂ | Asexual <input type="checkbox"/> ₅ | Other <input type="checkbox"/> ₇ |
| Gay woman or lesbian <input type="checkbox"/> ₃ | | |

15. What do you consider your religion to be? (Please select only one)

- | | | |
|--|--|---|
| No religion <input type="checkbox"/> ₁ | Hindu <input type="checkbox"/> ₄ | Sikh <input type="checkbox"/> ₇ |
| Christianity <input type="checkbox"/> ₂ | Jewish <input type="checkbox"/> ₅ | Prefer not to say <input type="checkbox"/> ₈ |
| Buddhist <input type="checkbox"/> ₃ | Muslim <input type="checkbox"/> ₆ | Other religion <input type="checkbox"/> ₉ |

If you require this document in another format such as large print, easy-read, braille, audio, or a different language please contact Rachel McCabe on 01325 380145 or email info@healthwatchdarlington.co.uk