

Ealing Council Residents Panel Enrolment Form

As a member of Ealing Residents Panel we would like to make sure that the information we have about you is current and current. We would also like you to tell us your preferences for how you would like to be involved in the panel and for you to tell us of any topics you are particularly interested in.

We will store and use this information confidentially in accordance to the Data Protection Act (1998) and will not give your details to any third party without your consent.

PLEASE COMPLETE IN BLOCK CAPITALS

Section A - Your Contact Details and Preferences

Q1 What is your title?

Please select one response

Mr
 Mrs
 Miss
 Ms
 Dr

Other title

Q2 Please enter your first name in the box provided

Q3 Please enter your surname in the box provided

Q4 Please enter your house name (if applicable), number and street name

Q4a Please enter your area (eg Acton, Southall)

Q4b Please enter your full postcode (eg W5 5HL)

Q5 Please enter your contact telephone number(s) through which you prefer to be contacted

Home

Mobile

Other

Q6 Email: In the interest of conserving resources and reducing our impact on the environment we would like to send you notifications about upcoming consultations and surveys to your e-mail address. Please indicate your e-mail address below if you would like us to contact you in this way:

Q7 As a member of the Residents Panel, we will send you 2-3 regular postal surveys each year. Additionally, we would like to invite you to participate in consultation and decision making activities in other ways. Apart from the regular postal surveys, what other types of consultation/research do you wish to take part in?

Tick as many boxes as are applicable:

<input type="checkbox"/> Focus groups	<input type="checkbox"/> Telephone surveys/ interviews
<input type="checkbox"/> Online surveys	<input type="checkbox"/> Consultation events/ workshops

Q8 Please let us know what days and times are better for you to participate in consultation events and focus groups? Tick as many boxes as are applicable

	Morning (9am-12pm)	Early afternoon (1pm-3pm)	Late afternoon (3pm-6pm)	Evening (6pm-9pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 Please let us know what your personal topics of interest are.

Tick as many boxes as are applicable

<input type="checkbox"/> Community Safety and Crime	<input type="checkbox"/> Environmental services	<input type="checkbox"/> Cultural and Recreational Services
<input type="checkbox"/> Health	<input type="checkbox"/> Housing and Regeneration	<input type="checkbox"/> Benefits Services
<input type="checkbox"/> Education services	<input type="checkbox"/> Personal Social Services	<input type="checkbox"/> General Council Services (eg Customer Services)
<input type="checkbox"/> Transport services	<input type="checkbox"/> Planning Services	

Section B - Your Personal Background Information

This information will be used to ensure that we have a fair representation of the residents in Ealing. We will store and use this information in accordance to the Data Protection Act (1998). Once this is completed, you will not have to provide this information everytime you participate in a consultation. This section is optional.

Q10 Sex

Please select one response

Female

Male

Q11 What month and year were you born?

Please enter your response as mm/yyyy in the box provided

Q12 What is your Ethnic Background?

Please select the response that best reflects your ethnic background. If you choose any of the 'Other' options please specify in the box provided

White- British

Asian- Pakistani

Black- Caribbean

White and Black Caribbean

Other Mixed background (specify below)

White- Irish

Asian- Bangladeshi

Black- African

White and Black African

Chinese

Other White background (specify below)

Other Asian background (specify below)

Other Black or Black British background (specify below)

White and Asian

any Other ethnic background (specify below)

Asian- Indian

Specify 'Other' ethnic background:

Q13 What is your Religion?

Please tick the response that best reflects your religion

Buddhist

Jewish

No religion

Christian

Muslim

Rather not specify

Hindu

Sikh

Other (specify below)

Other religion, specified:

Q14 Disability

The Disability Discrimination Act 1995 defines a person as having a disability if s/he has a long term physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. We include limiting long term illness as part of this definition. If you indicate that you do have a disability a member of our team will contact you to discuss any accessibility requirements you may need to fully participate in our consultations.

Yes

No

Many thanks for completing this Enrolment Form