

Conwy Replacement Local Development Plan (RLDP) Deposit Plan Written Statement - Equality Monitoring Questions

Answers to these questions will never be used in a way that will identify individuals and will only be used to support organisation-wide improvements in support of inclusivity.

Age Group

- ☐ 16 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74
- ☐ 75 and over
- ☐ I prefer not to say

Sex

- ☐ Male
- ☐ Female
- ☐ I prefer not to say

Intersex

Intersex describes a person who has biological attributes of both male and female sexes or whose biological attributes do not fit with societal or medical assumptions about what constitutes male or female.

Do you consider yourself to be intersex?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Gender Identity

A person's gender identity is their innate sense of their gender, be that female, male, non-binary or other identity that may or may not align with the sex they were assigned at birth.

Which of the following best describes your gender?

- ☐ Male
- ☐ Female

- ☐ Non-binary
 - ☐ I prefer not to say
 - ☐ I prefer to self-describe
- Please state:

Transgender identity is about whether someone identifies as 'trans'. Trans is an umbrella term that refers to someone whose gender identity is different from the sex they were assigned at birth. Some non-binary people may also identify as trans. Non-binary is an umbrella term for people whose gender identity does not sit comfortably within the binary of 'male' or 'female'.

Do you consider yourself to be trans?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Sexual Orientation

Sexual orientation is about a person's sexual, romantic and/or emotional attraction or lack of, towards their own sex or gender, the opposite sex or gender, or to all sexes/genders.

Which of the following best describes your sexual orientation? (Please select more than one if more than one applies)

- ☐ Ace / Asexual
- ☐ Bi / Bisexual
- ☐ Gay
- ☐ Straight / Heterosexual
- ☐ Lesbian
- ☐ Pansexual
- ☐ I prefer to self-describe: *Free-text*
- ☐ Prefer not to say

Please state:

Nationality

How would you describe your nationality?

Race / Ethnicity

How would you describe your racial or ethnic background?

- ☐ Arab, Arab British or Arab Welsh (**please specify below**)
- ☐ Asian, Asian British or Asian Welsh – **go to question A**
- ☐ Black, African, Black British, Black Welsh or Caribbean – **go to question B**
- ☐ Mixed or Multiple ethnic groups – **go to question C**
- ☐ White, White Welsh or White British – **go to question D**
- ☐ Any other ethnic group (please specify below)
- ☐ I prefer not to say
- Please specify:

A If “yes”

- ☐ Bangladeshi
- ☐ British, English, Northern Irish, Scottish or Welsh
- ☐ Chinese
- ☐ Indian
- ☐ Pakistani
- ☐ In another way (please specify)

Please specify

B If “yes”

- ☐ African
- ☐ British, English, Northern Irish, Scottish or Welsh
- ☐ Caribbean
- ☐ In another way (please specify)

Please specify

C If “yes”

- ☐ Arab and Asian
- ☐ Arab and Black
- ☐ Arab and White
- ☐ Asian and Black
- ☐ Asian and White
- ☐ Black and White
- ☐ In another way (please specify)

Please specify

D If “yes”

- ☐ British, English, Northern Irish, Scottish or Welsh
- ☐ Gypsy or Irish Traveller
- ☐ Irish
- ☐ Roma
- ☐ In another way (please specify)
- Please specify

Language

Preferred language (spoken)

- ☐ Welsh
- ☐ English
- ☐ Both Welsh and English
- ☐ British Sign Language (BSL)
- ☐ Other

If ‘other’ please state:

Preferred language (written)

- ☐ Welsh
- ☐ English
- ☐ Both Welsh and English
- ☐ Braille
- ☐ Other

If ‘other’ please state:

Religion

What is your religion?

- ☐ Agnostic
- ☐ Atheist
- ☐ Buddhist
- ☐ Christian
- ☐ Confucianism
- ☐ Hindu
- ☐ Jehovah’s Witness
- ☐ Jewish
- ☐ Muslim
- ☐ Shintoism
- ☐ Sikhism
- ☐ Taoism
- ☐ No Religion
- ☐ Another religion
- ☐ Prefer not to say

If ‘yes’ to another religion please state:

Disability

Under the Equality Act 2010, a person has a disability if they have a physical or mental condition that has a 'substantial and long-term' impact on their ability to carry out normal daily activities, and that this condition has lasted for more than 12 months, or is likely to last for more than 12 months. Would you consider yourself to have a disability or long-term health condition?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes, please tick any that help describe your disability (please note the examples below are not exhaustive):

- ☐ Hearing (e.g. deafness or partial hearing)
- ☐ Information processing or remembering (e.g. Down's syndrome or dementia)
- ☐ Learning or concentrating differences (e.g. dyslexia or dyscalculia)
- ☐ Mental health condition (e.g. depression or anxiety)
- ☐ Mobility (e.g. difficulty walking short distances or lifting and carrying objects)
- ☐ Social, behavioural or neurodivergent condition (e.g. Autism or ADHD)
- ☐ Stamina or breathing difficulty (e.g. asthma or heart conditions)
- ☐ Vision (e.g. blindness or partial sight)
- ☐ Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- ☐ I prefer to self-describe
- ☐ Prefer not to say

Please state

Marriage and Civil Partnership

What is your marital status?

- ☐ Civil Partnership
- ☐ Divorced
- ☐ Married
- ☐ Partner
- ☐ Prefer not to say
- ☐ Separated
- ☐ Single
- ☐ Widowed

Caring responsibilities

Do you have caring responsibilities?

- ☐ Primary carer of disabled child/children (under 18)
- ☐ Primary carer of a child/children (under 18)
- ☐ Primary carer of a disabled/elderly adult (18 and over)
- ☐ Secondary carer (another person carries out the main caring role)
- ☐ None
- ☐ Prefer not to say

Armed Forces

Have you served in the armed forces?

- ☐ No – I have never served in the Armed Forces
- ☐ No – but I am an immediate family member or part of the household of someone currently serving or who has previously served in the armed forces
- ☐ Yes – I am currently serving in the UK Armed Forces (including Reservists)
- ☐ Yes – I am currently a Cadet Force Adult Volunteer
- ☐ Yes – I am a veteran of the Armed Forces
- ☐ I prefer not to say