

**Strategic Equality Plan**

**2020-2024**



**Have your say on the Council’s**

**Draft Strategic Equality Plan and Equality Objectives for 2020-2024**

**See the Draft Strategic Equality Plan and Objectives:**

**(LINK to Draft SEP, SEP Action Plan and Easy Read SEP)**

We'd like you to get involved and share your views by answering the following questions:

1. Are our Equality Objectives the right things we should be focusing on to improve Equalities within Conwy for the next 4 years?

Yes

 No

1. If no, what other objectives would you suggest?

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|  |

1. What should we do more of?

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1. What should we do less of?

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1. Have you any further comments about our plan or the progress we've made so far which can be seen within our [Annual Reports](https://www.conwy.gov.uk/en/Council/Strategies-Plans-and-Policies/Equality-and-diversity/Annual-Progress-Reports.aspx)?

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**Equality Questionnaire**

In order to monitor the effectiveness of our engagement activity and to ensure it is delivered in a way that is fair to all and free from bias, we would appreciate your cooperation in providing on an entirely voluntary basis, the information as requested below.

The information is confidential and anonymous, and will be used solely for statistical monitoring purposes.

**Age:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please indicate your age by ticking the appropriate box: | 0 – 15 years | □ | 16 – 24 years | □ | 25 – 34 years | □ |
| 35 – 44 years | □ | 45 – 54 years | □ | 55 – 64 years | □ |
| 65 – 74 years | □ | 75 and above | □ |  |  |

**Sex:**

|  |  |  |  |
| --- | --- | --- | --- |
| Male | □ | Other | □ |
| Female | □ | Prefer Not To Say | □ |

**National identity:**

|  |
| --- |
| How would you describe your national identity? |
| Welsh | □ | British | □ |
| English | □ | Irish | □ |
| Scottish | □ | Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ |
| Northern Irish | □ | Prefer Not To Say | □ |

**Ethnic Group:**

|  |
| --- |
| What is your ethnic group? Choose one option that best describes your ethnic group or background. |
| **White** | **Black/Black British** | **Asian/Asian British** |
| British | □ | Caribbean | □ | Indian | □ |
| English | □ | African | □ | Bangladeshi | □ |
| Northern Irish | □ | Any other BlackBackground | □ | Pakistani | □ |
| Scottish | □ | Chinese | □ |
| Welsh | □ |  |  | Asian other | □ |
| Irish | □ |  |  |  |  |
| Gypsy or IrishTraveller | □ |  |  |  |  |
| Other | □ |  |  |  |  |
| **Mixed/Mixed British** | **Other / Other British** |  |
| White / Black Caribbean | □ | Arab | □ | Prefer not to say | □ |
| White / Black African | □ | Other (state if required) | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| White / Asian | □ |  |
| Any other Mixed background | □ |  |  |  |  |

**Sexual Orientation:**

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| --- |
| Which of the following options best describes how you think of yourself? |
| Heterosexual/Straight | □ | Bisexual | □ |
| Gay Man | □ | Other (state if desired) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ |
| Gay Woman/Lesbian | □ | Prefer not to say | □ |

**Gender Reassignment:**

|  |  |  |
| --- | --- | --- |
| Since birth has your gender identity changed? (please tick one option)  | Yes | □ |
| No | □ |
| Prefer not to say | □ |

**Religion or Belief:**

|  |
| --- |
| What is your religion? |
| Christian (all denominations) | □ | No religion | □ |
| Buddhist | □ | Muslim | □ | Jewish | □ | Other (State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ |
| Hindu | □ | Sikh | □ | Atheist | □ | Prefer not to say | □ |

**Marital Status:**

|  |  |  |
| --- | --- | --- |
| Are you married or in a same-sex civil partnership? | Yes | □ |
| No | □ |
| Prefer not to say | □ |

**Disability:**

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| --- |
| Section 6(1) of the Equality Act 2010 states that a person has a disability if:1. That person has a physical or mental impairment, and
2. The impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.
 |
| Using this definition do you consider yourself to be disabled? | YesNoPrefer not to say | □□□ |

**Pregnancy and Maternity:**

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| Are you currently pregnant or have you been pregnant or taken maternity leave in the last year? |
| Yes | □ | Does not apply to me  | □ |
| No | □ | Prefer Not To Say | □ |
| Other please specify: |  |

Thank you for taking the time to give us feedback. Your comments will be taken into account in the final version of our plan.

If you would like to contact us to discuss the Strategic Equality Plan further, please contact equalities@conwy.gov.uk