

Feedback Form
South Staffordshire PCT Single Equality Scheme 2008-2011

South Staffordshire PCT values involving people in the development of their draft Single Equality Scheme. Your comments are important, whatever your age, sex, disability, race or religion, as they will ensure that our final scheme reflects your needs.

Please read through our Single Equality Scheme, answer the following questions, and then return the form to katie.knight@southstafsspct.nhs.uk or Edric House, Towers Business Park, Wheelhouse Road, Rugeley, WS15 1UW;

1) Please tick whether you are a:

PCT Employee Patient Member of Other Org
Other

2) Are you happy with the Single Equality Scheme currently?

Yes No

3) If no, please tell us how it could be improved :

3) Finally, please suggest a way in which the PCT can make services more appropriate for your needs:

We would also like you to complete the following information to help the PCT ensure they have captured a wide range of opinions during this exercise.

This section of the form is optional;

* Date of Birth	
* Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this

Race Relations (Amendment) Act 2000

* I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this

Employment Equality Regulations 2003

* Please select the option which best describes your sexuality		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this	
* Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> I do not wish to disclose this

Disability Discrimination Act 1995

* Do you consider yourself to have a disability?	<input type="checkbox"/> Yes information <input type="checkbox"/> No	<input type="checkbox"/> I do not wish to disclose this
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.		
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other	

Thank you for taking the time to complete this form
Your views are very important to us