

To join East Renfrewshire's Citizens' Panel, please complete this form and return it in the envelope provided. You can also join online at [www.bit.ly/ercp-join](http://www.bit.ly/ercp-join), or scan the code:



**Questions?** Call Engage Scotland on 0800 433 7212 or email [ercp@engagescotland.co.uk](mailto:ercp@engagescotland.co.uk).

Please provide your contact details below.

Name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>

## About you

This information helps us analyse survey results, and make sure the Panel is as representative as possible. Your information is **completely confidential**. Please skip any questions if you prefer.

Which of the following describes how you think of yourself?

Man
  Woman
  In another way

In what month and year were you born?

Month
  Year

What is your ethnic group?

<input type="checkbox"/> White – Scottish	<input type="checkbox"/> Asian, Asian Scottish or Asian British
<input type="checkbox"/> White – other British	<input type="checkbox"/> African
<input type="checkbox"/> White – Irish	<input type="checkbox"/> Caribbean or Black
<input type="checkbox"/> White – other (please write in box)	<input type="checkbox"/> Other ethnic group (please write in box)
<input type="checkbox"/> Mixed or multiple ethnic group	<input type="text"/>

What religion, religious denomination or body do you belong to?

<input type="checkbox"/> None	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Church of Scotland	<input type="checkbox"/> Sikh
<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Jewish
<input type="checkbox"/> Other Christian	<input type="checkbox"/> Other (please write in box)
<input type="checkbox"/> Muslim	<input type="text"/>

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

Yes
  No

If yes, does your condition or illness reduce your ability to carry-out day-to-day activities?

Yes, a lot
  Yes, a little
  Not at all

### Which of the following options best describes how you think of yourself?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay/Lesbian           | <input type="checkbox"/> Other    |

### What is your relationship status?

- |   |  |
|---|--|
| <input type="checkbox"/> Single (never married or in a civil partnership) | <input type="checkbox"/> Registered same-sex civil partnership |
| <input type="checkbox"/> Living with partner                              | <input type="checkbox"/> Separated or divorced                 |
| <input type="checkbox"/> Married  | <input type="checkbox"/> Widowed                               |

### What is your employment status?

- |   |   |
|---|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Retired                                |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Not working due to sickness/disability |
| <input type="checkbox"/> Self employed      | <input type="checkbox"/> Looking after home and family          |
| <input type="checkbox"/> Unemployed         | <input type="checkbox"/> Other (please write in box)            |
| <input type="checkbox"/> Student            | <input type="text"/>  |

### Including yourself, how many people are in your household?

- |                             |                               |
|-----------------------------|-------------------------------|
| <input type="text"/> Adults | <input type="text"/> Children |
|-----------------------------|-------------------------------|

### How long have you lived in East Renfrewshire?

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-5 years | <input type="checkbox"/> More than 5 years |
|---|------------------------------------|--|

### Is your home:

- |  |  |
|--|--|
| <input type="checkbox"/> Owned (outright or with a mortgage) | <input type="checkbox"/> Rented from a Housing Association |
| <input type="checkbox"/> Shared ownership                    | <input type="checkbox"/> Private rented                    |
| <input type="checkbox"/> Rented from the Council             | <input type="checkbox"/> Other                             |

## Giving your views

We try to save paper (and postage costs) wherever we can and give all members the option to receive surveys by email - please indicate below which option you would prefer.

- |  |   |
|--|---|
| <input type="checkbox"/> Link to websurvey via email | <input type="checkbox"/> Paper copy by post |
|--|---|

We occasionally ask members to give their views in other ways. Please indicate below which you might be willing to take part in - participation is always optional.

	Possibly interested	Definitely not interested
Telephone conversation	<input type="checkbox"/>	<input type="checkbox"/>
Video conversation (e.g. FaceTime, Zoom, Whatsapp, Skype)	<input type="checkbox"/>	<input type="checkbox"/>
Online conversation (e.g. email, online forum)	<input type="checkbox"/>	<input type="checkbox"/>
In-person on-to-one conversation (in a local venue)	<input type="checkbox"/>	<input type="checkbox"/>
In-person group conversation (in a local venue)	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything that we could do to make it easier for you to take part in the Panel?

## THANKS FOR JOINING!

Please return your completed form in the envelope provided (no stamp is needed).

Your information is confidential and will be processed in accordance with the Data Protection Act and General Data Protection Regulations.