



SURREY LIBRARIES AND COMMUNITY PARTNERSHIP

Equalities and Diversity Survey

We do not want anybody to miss out or be disadvantaged by the way we work, and try hard to make sure that this does not happen. You can help us to ensure we can provide Community Partnered Libraries' services equally by telling us your views. This will take no more than a couple of minutes and will be very helpful to us. Any information you provide about yourself is confidential, but we will be collating and using your answers to our questions to help Surrey County Council's Cabinet make an informed decision.

The protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

Please return your completed survey form in the prepaid envelope provided as soon as possible or at the latest so that we can receive it by Wednesday 6 June 2012.

Thank you for your assistance.

1a What is your name and postcode?

Name

Postcode

1b Please indicate which library you use

.....

This information is requested so that we can match this with our details of library members at the ten potential Community Partnered Libraries.



SURREY LIBRARIES AND COMMUNITY PARTNERSHIP

Equalities and Diversity Monitoring Form

Please could you tell us about **yourself** so we can help everyone. The following information will help us to make sure we provide services equally and fairly. We will collate this information from all returns to produce a statistical summary which will not identify individuals.

Please return your completed survey form in the prepaid envelope provided as soon as possible or at the latest so we can receive it by Wednesday 6 June 2012.

Thank you for your assistance.

1. Please tick \checkmark ONE box only under each heading and give your postcode

1a	Age Group	1b	Occupation	1c	Gender
A.	16 - 24	<input type="checkbox"/>	A. Looking after the home	<input type="checkbox"/>	F. Female <input type="checkbox"/>
B.	25 - 34	<input type="checkbox"/>	B. Part-time employment	<input type="checkbox"/>	M. Male <input type="checkbox"/>
C.	35 - 44	<input type="checkbox"/>	C. Full-time employment	<input type="checkbox"/>	T. Transgender <input type="checkbox"/>
D.	45 - 54	<input type="checkbox"/>	D. Self-employed	<input type="checkbox"/>	P. Prefer not to say <input type="checkbox"/>
E.	55 - 64	<input type="checkbox"/>	E. Unemployed/seeking work	<input type="checkbox"/>	
F.	65 - 74	<input type="checkbox"/>	F. Retired	<input type="checkbox"/>	
G.	75 - 84	<input type="checkbox"/>	G. Full-time education	<input type="checkbox"/>	
H.	85 or over	<input type="checkbox"/>	H. Other. Please specify	<input type="checkbox"/>	
I.	Prefer not to say	<input type="checkbox"/>		
				

1d Postcode
Please specify

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2. What is your ethnic group?

Please tick ✓ the appropriate box

White

- A. English/Welsh/Scottish/Northern Irish/British
- B. Irish
- C. Traveller inc. Gypsy, Roma or Irish Traveller
- D. Other

Black/Black British

- E. African
- F. Caribbean

Asian/Asian British

- G. Bangladeshi
- H. Indian
- I. Pakistani

Mixed

- J. White-Asian
- K. White-Black African
- L. White-Black Caribbean

Other backgrounds

- M. Chinese
- N. Arab

Any other background.

- O. Other. Please specify

.....

- P. Prefer not to say

3a Do you have a disability/longstanding condition that affects the way you live your life?

- N. No N.
- Y. Yes Y.

3b If "Yes" to the previous question, what type of disability/longstanding condition?

Please tick ✓ ALL appropriate boxes

- A. Visual
 - B. Hearing
 - C. Physical
 - D. Learning
 - E. Other. Please specify
-

4. Which of the following faith and belief groups do you identify with?

This includes a religious belief or a philosophical belief, which affects your view of the world. It also includes people who have no religion or belief.

- A. Buddhist
- B. Christian
- C. Muslim
- D. Jewish
- E. Sikh
- F. Hindu
- G. None
- H. Other faith/belief. Please specify.....
- I. Prefer not to say

5. Which of these best reflects your sexual orientation?

A. Heterosexual

D. Gay man

B. Bisexual

E. Prefer not to say

C. Lesbian woman

6a Do you look after or give support to family members/friends/neighbours/others because they have long-term physical ill-health, mental ill-health, disability or problems relating to old age?

N. No

N.

Y. Yes

Y.

6b If "Yes" to the previous question, how many hours per week do you look after or give support?

A. 1-19 hours

A.

B. 20-49 hours

B.

C. 50 hours or over

C.

For the avoidance of doubt, the information provided on this form will not be added to your personal library member's data kept by Surrey County Council.

Thank you for your assistance, and please return completed survey form in the prepaid envelope provided, at the latest by Wednesday 6 June 2012.

If you would like this information in large print on tape in Braille, or in another language, please contact us on:

Tel 03456 009 009

Minicom 020 8541 9698

Fax 020 8541 9575

Email: contact.centre@surreycc.gov.uk

Nëse dëshironi që ky dokument të jetë me shkronja të mëdha, në kasetë ose në një gjuhë tjetër, ju lutemi n'a telefononi në një nga numrat e mësipërm.

إذا كنت ترغب بالحصول على هذه الوثيقة في طباعة مكبّرة، أو على شريط مسجل أو في لغة أخرى، فنرجو الاتصال بنا على أحد الأرقام المدونة أعلاه.

आपनि यदि এই डकुमेंट वा नथि बडु छापार अकरे, टेपे वा अन्य कौन भाषाय पेटे चान, ताहले दया करे उपरैर ये कौन एकटि नथरे आमामेदेर साथे योगायोग करुन ।

Si desea este documento impreso en letra grande, en casete o en otro idioma, rogamos que se ponga en contacto con nosotros llamando a uno de los números anteriores.

如欲索取本文的大字體版本、錄音帶版本或另一語言版本，請撥以上任一個電話號碼，與我們聯絡。

اگر آپ کو یہ دستاویز بڑے حروف کی چھاپی میں، ٹیپ پر یا کسی دوسری زبان میں درکار ہو، تو براہ مہربانی اوپر دیئے ہوئے کسی ایک نمبر پر ہم سے رابطہ کریں۔