

CONSULTATION QUESTIONS

(If submitting on paper, please feel free to continue on additional sheets, with question number at the top)

1. Are you responding for yourself or on behalf of someone else?

2. Which of the following categories apply to you (*tick more than one if appropriate*)

- Service user ☐
- Relative/partner/friend of service user ☐
- Advocate for service user ☐
- Member of the public ☐
- Staff member ☐
- Other interested party (please specify) ☐
- Prefer not to say ☐

3. To which of the consultations do your responses refer? (You are welcome to submit responses for as many as you like)

- Hafan Deg Day Centre ☐
- Dolwen Residential Care & Day Centre ☐
- Awelon Residential Care & Day Centre ☐
- Cysgod y Gaer Residential Care & Day Centre ☐

4. In relation to the scheme(s) you are commenting on, which option, as discussed in the consultation document, do you feel is the better solution for service users?

- Why do you think this?

- Whether you have expressed a preference or not, we would be interested to know whether you feel there are flaws or oversights and particular strengths and weaknesses in any of the options of the schemes you are concerned with.

5. In relation to each option for the scheme(s) you are concerned with, can you foresee any positive or negative impacts on people, community, local businesses, land owners, etc.?

- If negative, what do you think could be done to reduce the impact?

6. Will any of these proposals have a greater impact on you and/or the person you represent than others in the community?

- If yes, how and why?

7. The Equality Act 2010 sets out a prescribed list of 'protected characteristics'. These are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The council has a duty to ensure that individuals within each of these populations do not suffer unequal or unfair treatment on the basis of any of the protected characteristics.

Do you believe that some options will have a particular impact on people with any of these protected characteristics?

- If yes, give as much detail as possible, including ways of reducing negative/increasing positive impact.

8. You are welcome to propose an alternative solution. If you do, please provide as much detail as possible regarding service design, staffing, costs, savings and benefits to the community.

9. Do you have any further comments about our future vision for adult social care in Denbighshire?

10.

Which of the following is your nearest town centre? Please tick one box only		
a	Corwen <input type="checkbox"/>	
b	Denbigh <input type="checkbox"/>	
c	Llangollen <input type="checkbox"/>	
d	Prestatyn <input type="checkbox"/>	
e	Rhuddlan <input type="checkbox"/>	
f	Rhyl <input type="checkbox"/>	
g	Ruthin <input type="checkbox"/>	
h	St Asaph <input type="checkbox"/>	
i	Don't know <input type="checkbox"/>	

ETHNIC CLASSIFICATION

Denbighshire County council is committed to promoting Equality. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998.

OED / AGE

Under 20 <input type="checkbox"/>	20 – 29 <input type="checkbox"/>	30 – 39 <input type="checkbox"/>	40 – 49 <input type="checkbox"/>	50 – 59 <input type="checkbox"/>	60 and over <input type="checkbox"/>
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Do you consider yourself to be a disabled person?	No <input type="checkbox"/> Yes <input type="checkbox"/>
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NATIONALITY

I would describe my nationality as:

Welsh <input type="checkbox"/>	Scottish <input type="checkbox"/>
British <input type="checkbox"/>	English <input type="checkbox"/>
Irish <input type="checkbox"/>	
Other (Please State)	

ETHNICITY

I would describe my ethnicity as:

White <input type="checkbox"/>	Gypsy / Roma <input type="checkbox"/>
Mixed – White and Black Caribbean <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
Asian – Pakistani <input type="checkbox"/>	Chinese <input type="checkbox"/>
Mixed White and Black African <input type="checkbox"/>	Any other Ethnic Group <input type="checkbox"/>
Asian – Bangladeshi <input type="checkbox"/>	Mixed White and Asian <input type="checkbox"/>
Any other black background (Please state) <input type="checkbox"/>	Any other mixed background (Please state) <input type="checkbox"/>
Any other Asian background (Please state)..... <input type="checkbox"/>	I do not wish to provide this information <input type="checkbox"/>

SEXUALITY

Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Prefer not to state <input type="checkbox"/>
If you prefer to define your sexuality in terms other than those stated, please let us know				

CARERS

(including parents and guardians)

1. I consider myself to be a carer	No <input type="checkbox"/> Yes <input type="checkbox"/> please complete questions 2 and 3
2. Are they children under 16?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Sick or elderly relative or friend?	No <input type="checkbox"/> Yes <input type="checkbox"/>

FAITH

Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Baha'I	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Humanist	<input type="checkbox"/>	Jai'n	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	No religion	<input type="checkbox"/>	Prefer not to state			<input type="checkbox"/>		
Other Faith (please state)									

LANGUAGES

Languages you speak fluently

English	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Polish	<input type="checkbox"/>	French	<input type="checkbox"/>
Other (Please state)			

WELSH LANGUAGE

Please state your level of Welsh language below:-

1 =	not at all
2 =	moderately, a little
3 =	fluently, quite well

Listening	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Reading	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Speaking	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Writing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Thank you