

Fair Say
Borough of Poole's Equalities Scheme
Fairness for All Feedback Form

We would like people and organisations from across Poole to have their 'Fair Say' on our proposals. This form has been designed to help you to give feedback to the draft equalities scheme 'Fairness for All'.

Please select the appropriate boxes or write in the spaces provided and submit the form by 31 July 2009.

If you would like to make any further specific comments, you can email them to performance@poole.gov.uk

Q 1 Do you support the Council's vision and outcomes? Yes No

Please explain briefly why/why not:

Q 2 What do you think we have done well to meet your needs?

Q 3 What barriers do you experience when using Council services?

Q4**What actions should the Council take to improve its services for its communities?****Q5****Is there anything else you would like to add?****Q6****Are you responding as:** a resident an organisation**Which group/s does your organisation represent?**

- Age Disability Gender
 Race Religion/Belief Sexual orientation

The following questions are optional, but will help us to see how views differ. All information will be treated in confidence according to the Data Protection Act.

Q7**What is your age?** Years**Q8****Are you. . . ?** Male Female**Q9****Are your day-to-day activities limited because of a health problem or disability?** Yes No**Please tell us how:****Q10****What is your ethnic group?**

(e.g. White British, Black, Asian, Polish, Mixed Race, Chinese, Irish)

Q11**What is your religion/belief?****Q12****Do you consider yourself to be ..?**

- Heterosexual/straight Gay
 Lesbian Bisexual Prefer not to say

Q13**What is your postcode?**

**Fair Say Event
22 July - Lighthouse**

Booking Form

I would like to attend the Fair Say event on 22 July 2009 in the:

Morning (10am-1pm) Afternoon (pm-4.30pm) Evening (6.30pm-9.30pm)

**You will have the opportunity to discuss issues in a small group.
Which discussion group would you like to join?**

Age Disability Gender
 Race Religion/Belief Sexual orientation

**Please tell us if you have any special needs to help you attend the event:
dietary, communication, childcare, other support.**

Please tell us your contact details to help with organising the event:

Name:

Phone number:

E-mail:

Address:

Would you be happy for us to contact you about your views in the future?

Yes No

Thank you for taking the time to give your views.