

QUESTIONNAIRE

1. Are you responding as;

<input type="checkbox"/>	As a resident of the County Borough
<input type="checkbox"/>	As a member of staff
<input type="checkbox"/>	As an elected member
<input type="checkbox"/>	As a business person
<input type="checkbox"/>	Representing the third sector
<input type="checkbox"/>	Other, please state.

2. Do you agree with the Council's Equality vision?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this.					

3. Do you agree with the objective: Engage with our citizens to participate and have their voices heard to understand and respond to the needs of our communities?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this.					

4. Do you agree with the objective: Promote and facilitate inclusive, safe and cohesive communities?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this.					

5. Do you agree with the objective: Create an inclusive and diverse workforce, which reflects the communities in Merthyr Tydfil?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this.					

6. Do you agree with the objective: Ensure equity of pay across Merthyr Tydfil County Borough Council?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this.					

7. Do you agree with the objective: Understand and remove the barriers people face when accessing our services?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this.					

8. Do you think we should consider and include any other objectives within the Strategic Equality Plan 2024-2028?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this and what other objectives could be included.					

9. Are there any areas of inequality that you feel are not covered by the previous Equality Objectives outlined?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this.					

10. Are there problems you face, or think you may face, when trying to access our services?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	I'm not sure	<input type="checkbox"/>	No
Please tell us why you think this.					

11. How could we do better/what needs to change/what can we do differently?

12. What actions should we take to ensure that we reduce inequalities in the workforce and communities, to assist us in delivering services?

13. Please tell us if you think we need to focus on any specific measures or initiatives in our 2024-2028 plan, and what those areas are?

14. Any other comments.

INFORMATION ABOUT YOU

In order to ensure we capture the views and lived experiences of all protected characteristic groups, it would be really helpful if you could answer the following questions about yourself. These questions are optional.

WHICH WARD DO YOU LIVE IN?	Aberfan/Merthyr Vale <input type="checkbox"/>	Bedlinog/Trelewis <input type="checkbox"/>	Cyfarthfa <input type="checkbox"/>	Dowlais/Pant <input type="checkbox"/>
	Gurnos <input type="checkbox"/>	Park <input type="checkbox"/>	Penydarren <input type="checkbox"/>	Plymouth <input type="checkbox"/>
	Town <input type="checkbox"/>	Treharris <input type="checkbox"/>	Vaynor <input type="checkbox"/>	I don't live in Merthyr Tydfil <input type="checkbox"/>

I AM	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Prefer to self-describe <input type="checkbox"/> Please describe:	Prefer not to say <input type="checkbox"/>

WHAT BEST DESCRIBES YOUR GENDER?	Man <input type="checkbox"/>	Woman <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Prefer to self-describe <input type="checkbox"/> Please describe:	Prefer not to say <input type="checkbox"/>

AGE	16-25 <input type="checkbox"/>	26-39 <input type="checkbox"/>	40-49 <input type="checkbox"/>	50-65 <input type="checkbox"/>	66-75 <input type="checkbox"/>	76-85 <input type="checkbox"/>	86-95 <input type="checkbox"/>	95+ <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

SEXUAL ORIENTATION	Asexual <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Gay or Lesbian <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	Other <input type="checkbox"/>		Please describe:		

MARITAL STATUS	Civil Partnership or Married <input type="checkbox"/>	Living with a Partner <input type="checkbox"/>	Single <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other <input type="checkbox"/> Please describe:

DISABILITY	I am not disabled <input type="checkbox"/>		Hearing Impaired <input type="checkbox"/>	Learning Difficulties <input type="checkbox"/>
	Physical/Mobility Impaired <input type="checkbox"/>		Speech Impaired <input type="checkbox"/>	Visually Impaired <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>	Other <input type="checkbox"/> Please describe:		

MAIN LANGUAGE	English <input type="checkbox"/>	Welsh <input type="checkbox"/>	British Sign Language (BSL) <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	Please describe				

PREGNANCY AND MATERNITY	Pregnant	On maternity	Not applicable	Prefer not to say
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT IS YOUR ETHNIC GROUP?	Prefer not to say <input type="checkbox"/>						
	WHITE						
	Welsh	English	Scottish	Northern Irish	British	Irish	Gypsy or Irish Traveller
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other White Background <input type="checkbox"/>			Please describe:			
	MIXED/MULTIPLE ETHNIC GROUPS						
	White and Black Caribbean <input type="checkbox"/>			White and Black African <input type="checkbox"/>		White and Asian <input type="checkbox"/>	
	Other Mixed/Multiple ethnic background <input type="checkbox"/>			Please describe:			
	ASIAN/ASIAN BRITISH						
	Indian <input type="checkbox"/>		Pakistani <input type="checkbox"/>		Bangladeshi <input type="checkbox"/>		Chinese <input type="checkbox"/>
	Other Asian background <input type="checkbox"/>			Please describe:			
	BLACK /AFRICAN/CARIBBEAN/BLACK BRITISH						
	African <input type="checkbox"/>		Caribbean <input type="checkbox"/>				
	Other Black background <input type="checkbox"/>			Please describe:			
	OTHER ETHNIC GROUP						

	Arab <input type="checkbox"/>	Other ethnic background <input type="checkbox"/>	Please describe:
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RELIGION OR BELIEF	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Humanist <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	No Religion <input type="checkbox"/>	Other <input type="checkbox"/>
	Please describe:				

PRIVACY NOTICE

You have a number of rights in relation to the information including the right of access to information we hold about you and the right of complaint if you are unhappy with the way your information is being processed. For further information on how we process your information and your rights please click the following link: [Privacy Notice | Merthyr Tydfil County Borough Council](#)

Thank you for taking the time to give your views.

We will use your feedback to help develop our Strategic Equality Plan 2024-2028.