

Application Form to join BME Consultation Panel

PERSONAL DETAILS

Name:..... Gender:.....

Home telephone:.....

Work Tel:.....

Address:.....

..... Postcode:.....

Fax:.....

E-mail:.....

Mobile:.....

Are you applying as:

A representative of a local community group

Which Group:.....

Or as an individual

Where do you live?

Chester

Crewe & Nantwich

Congleton

Ellesmere Port & Neston

Halton

Macclesfield

Vale Royal

Warrington

Other

Where do you work?

Chester

Crewe & Nantwich

Congleton

Ellesmere Port & Neston

Halton

Macclesfield

Vale Royal

Warrington

Other

Age group 16-20 21-35 36-55 56-64 65+

■ ETHNIC ORIGIN

White

- White British
 - Irish
 - Gypsy/ Traveller
 - Eastern European
 - Other White background (please state)
-

Mixed Background

- White & Black Caribbean
 - White & Black African
 - White and Asian
 - Other mixed background (please state)
-

Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Other Asian background (please state)
-

Black or Black British

- Caribbean
 - African
 - Other Black background (please state)
-

Chinese, Chinese British or other ethnic group

- Chinese
 - Other background (please state)
-

What faith are you?.....

Which language do you speak?.....

■ EMPLOYMENT

Present employment situation:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Casual | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Housewife/Husband |

Which of the following sector do you work in?

- | | |
|--|---|
| <input type="checkbox"/> Admin/Office | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Retail/Sales |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Security/ Safety |
| <input type="checkbox"/> Factory/Process | <input type="checkbox"/> Skilled Trades |
| <input type="checkbox"/> Finance/Legal | <input type="checkbox"/> Transport/ Vehicle |
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Leisure/Tourism |
| <input type="checkbox"/> Managerial | <input type="checkbox"/> Other |

■ HEALTH

Do you consider yourself disabled? Yes No

Have you any particular needs around the following:

(please tick and describe)

- Physical access
- Literacy issues
- Language
- Visual impairment
- Dietary needs

■ CONTACTS

How do you wish to be consulted? *(You can tick more than one)*

- E-mail Post Telephone Interview
 One to one meeting Panel/Group meeting

Do you have your own transport? Yes No

Do you have childcare responsibilities? Yes No

When is the best time to contact you?

- Morning Afternoon Evening Weekdays Weekends

■ PERCEPTION OF THE AGENCIES

Have you ever been the subject of a racist incident? Yes No

Have you ever had contacts with the following agencies?

- Cheshire Fire
 Cheshire Constabulary
 Probation
 Youth Offending Team
 CPS
 Cheshire County Council
 City or Borough Council

If you have ticked yes to any of the above agencies, then please describe how you have been involved?

.....

.....

.....

.....

What was your perception of their service?

	Very good	Good	Satisfactory	Poor
Cheshire Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheshire Constabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Offending Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheshire County Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City and Borough Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of particular interest *(You can tick more than one)*

- Crime/ Policing
- Disability
- Domestic violence
- Employment or Recruitment issues
- Gay/ Lesbian/ bisexual issues
- General Equality/ diversity
- Health & Safety
- Race Issues
- Religion/ faith
- Women's issues
- Youth Issues
- Other (Please specify)

Thank you for completing the questionnaire, you will now be added to our database & informed of upcoming events. Please return to:

CHAWREC

CYB

CHAWREC
Freepost RSTB-GLCX-XKHU
17 Cuppin Street
Chester CH1 2BN