

West Lindsey Citizens' Panel

Thank you very much for agreeing to be part of the West Lindsey Citizens' Panel. Please complete this short form by ticking the appropriate response(s) for each question. Your responses are confidential and will only be used for analysis of completed questionnaires. If you have any queries on any aspect of the questionnaire, please contact the Corporate Governance Officer on 01427 676676 or on engagement@west-lindsey.gov.uk.

A copy of the privacy notice for the Citizen Panel can be found at https://www.westlindsey.gov.uk/privacy/citizen-panel-privacy-notice

Q1 What is your year of birth? You must be 16 or older to join the panel. Please write in

Q2 What is your gender? Please tick one box only

Male

Female

Transgender

Non-Binary

Any other gender

- Prefer not to say
- Q3 Which of the following best describes your current situation? Please tick one box only

Married

- Living with partner/co-habiting
- Single

Prefer not to say

Other (please specify)

Q4 Do you have any long term illness, health problems or disability which limits your daily activities or the work that you do?

Yes
No
Pre

o refer not to say

Q5	Which of the following best describes your sexuality?
	Please tick one box only

] Heterosexual/straight	
Lesbian/gay	
Bisexual	
Any other sexual orientation	
Prefer not to say	

Q6 Which of the following best describes your religion, faith or belief, if any? Please tick one box only

Buddhist
Christian
Hindu
Jewish
Muslim
Sikh
No religion
 Any other religion

- Any other religion/belief or faith Prefer not to say
- Q7 Which of the following best describes your ethnic group? Please tick one box only

Asian or Asian British

- Black, Black British, Caribbean or African
- Mixed or multiple ethnic groups

White

Any other ethnic group

- Prefer not to say
- Q8 Is there any method of contact that you would prefer us not to use as part of the Council's Panel?

Please tick all that apply

Telephone surveys

Face to face interviews

Group discussions / focus groups

Other (please specify)

Q9 Please can you complete the following contact details (To be accepted onto the panel, you must complete the name and address sections):

Title	
First Name	
Surname	
Telephone Number	
Email address	
1st line of address	
2nd line of address	
Town	
County	
Postcode	

Please note that your responses on future questionnaires will be reported on an anonymous format (all responses added together) and not linked to anything that might identify you. The demographics collected in this questionnaire ensure that we consult with all sectors of the community, and that our survey responses are representative.

Your views are important in helping West Lindsey District Council plan for the future.