

Cairngorms National Park Proposed Local Development Plan 2020 Consultation 25 January – 5 April 2019

EQUALITIES SURVEY

The Cairngorms National Park Authority (CNPA) is committed to promoting equality as an employer and through the work it does. As a public authority, the CNPA must meet the requirements of the Equality Act 2010 and develop a plan to ensure that the delivery of equality is part of our daily work.

The equalities data collected in this consultation will be used to monitor our equalities performance in relation to our formal consultation processes. This data will be held by CNPA and shared with the member of staff responsible for delivering our equalities plan. All individual responses will be treated in the strictest of confidence and will only be used to monitor CNPA's services. The information you give here will not be linked in any way to you as an individual or your consultation responses. **This additional survey is optional.**

I. Would you consider yourself to be:	Please tick
Male	
Female	
Other	
Prefer not to say	

2. Age	Please tick
Under 16	
16-24	
25-34	
35-44	
45-54	
55-64	
65-74	
Over 75	
Prefer not to say	

3. Ethnic Group

Please choose one section from A - G, then tick one box which best describes your ethnic group or background.

A. Whit	e (ple	ase tick)							
Scottish		English		Northern Irish		Welsh		Other British	
Irish		Gypsy / Traveller		Polish		Other white ethnic group (please specify)			
B. Mixe	d or I	multiple ethn	ic grou	ıp					
Any mixe	d or r	nultiple ethnic	group (please specify	·)				
C. Asiar) (plea	se tick)							
Asian		Asian Scottish		Asian Br	itish	Pakist	ani	Pakistani Scottish	
Pakistani British		Indian		Indian Scottish		Indian Britisł		Bangladeshi	
Bangladeshi Scottish		Bangladesl British	hi	Chinese		Chine Scotti		Chinese British	
Other (pl	ease s	pecify)	<u>.</u>	·			<u>.</u>		
D. Afric	an (pl	ease tick)							
African		African Scottish		African British		Other (please specify)			
E. Carib	bean o	or black							
Caribbear	ribbean		Caribbean British		Black	Black Black Scottish			
Black British			Other (please specify)						
F. Othe	r eth	nic group (ple	ase tick)						
Arab		Arab Scottish	Scottish		Arab British		Other (please specify)		
G. Choose not to disclose (please tick)									

4. Do you consider yourself to have a disability (please tick)					
Yes					
No					
Prefer not to say					

Thank you for taking the time to complete this equalities survey. Plesae return this form along with your consultation response or separately, **by 5pm on Friday 5 April 2019.**

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