



1 – How old are you?

15-17 18-24 25-34 45-54 55-64 65 & above prefer not to say

2 – Are you?

Female Male Transgender Other prefer not to say

3 – Postcode (first 4 digits) _____

4 – Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more?

Yes No prefer not to say

5 – Which best describes your background/ethnicity?

White or White British Mixed or multiple ethnic groups Asian or British Asian
 Black or African or Caribbean or Black British prefer not to say
 Other _____

6 – What areas are you interested in?

Mental Health Lifestyle Cancer Diabetes Children’s & maternity
 Disability COPD GP services PR/Comms Hospital services
 Voluntary Housing Education Employment Other
Other _____

7 – Would you like to join the Community Voices Panel? Yes No

If yes, please add contact details:

Name _____

Email _____

Telephone _____

