



# The Coalition for Collaborative Care (or C4CC for short)

C4CC - Treating People Equally and Fairly Form



Easy  
Read



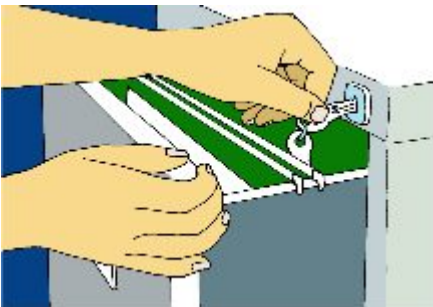
# C4CC - Treating People Equally and Fairly Form



C4CC wants to treat everyone equally and fairly and make sure no group or community is left out.



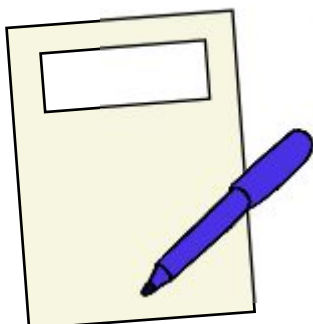
To do this we ask people a bit more about themselves.



We keep this information very private and don't use anyone's names anywhere.



You do not have to fill this form in but it helps us get better in our work if you do.



If you don't want to answer a question please leave it blank.



1. Are you a:



Man



Woman



2. Are you married or in a civil partnership



Yes



No

3. What group do you belong to?



**White**

English

Welsh

Scottish

Northern Irish

Irish

Gypsy or Irish Traveller

Other White background



### Mixed/multiple ethnic groups

- |  |   |
|--|---|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Asian            |
| <input type="checkbox"/> White and Black African   | <input type="checkbox"/> Any other mixed background |



### Asian/Asian British

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Indian      | <input type="checkbox"/> Chinese                    |
| <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Bangladeshi |   |



### Black/ African/ Caribbean/ Black British

- |   |
|---|
| <input type="checkbox"/> African                                      |
| <input type="checkbox"/> Caribbean                                    |
| <input type="checkbox"/> Any other Black/African/Caribbean background |



### Other ethnic group

- |   |
|---|
| <input type="checkbox"/> Arab                   |
| <input type="checkbox"/> Any other ethnic group |



#### 4. Do you have a disability that stops you doing some everyday things?




Yes,  
quite a  
lot




Yes, a  
little




No

If you ticked yes please tick what disability you have




Blind or can't see very well




Deaf or can't hear very well




Difficulty walking short distances,  
climbing stairs, lifting and carrying  
objects



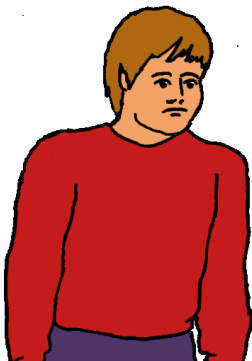
Difficulties with learning, thinking or remembering



Mental Health



Short of breath or keeping going



Autism, Attention Deficit Disorder or Asperger's Syndrome



Other disability

## 5. Are you?



Straight – you fancy people of the opposite sex



Lesbian or Gay woman – you fancy other women



Gay man – you fancy other men



Bisexual – you fancy both men and women



Other

## 6. Are you a carer?



Do you look after, help or support family, friends, neighbours or others because they have a disability or problems because they are old



Yes



No



Thank you for filling this form in, it will help us to treat people equally and fairly.



Please send it back to us with your other form.

Click below to send this form by email





## Credits

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[www.inspiredservices.org.uk](http://www.inspiredservices.org.uk)

It meets the European EasyRead Standard.



It has been user-checked by the **Making It Easier Group** of people with learning disabilities.



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