

SCHEDULE 1

Regulation 4

Survey of Local Government Candidates in Wales

PART 1

**Administration information**

Please provide the same details below as those given on your nomination form(s).

**1. Please enter the last 3 characters of your home postcode:**

For example, for 'CF10 4LG' please enter **4LG**

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**2. Please enter the last 3 characters of your surname:**

For example, for 'MURPHY' please enter **PHY**

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**3. Please enter the day of your date of birth:**

For example, for '04/05/2017' please enter **04**

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## PART 2

### Candidate information (for use when conducting the survey before the election)

#### 4. In which election are you standing?

*Please select one option.*

- County or County Borough Council
- Community or Town Council
- Both County or County Borough Council and Community or Town Council

#### 5. Which party, if any, are you representing?

*Please select one option.*

- Independent
- Plaid Cymru
- Welsh Conservative Party
- Welsh Labour Party
- Welsh Liberal Democrats
- Other, please specify:

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**6. Have you stood for election to a County or County Borough Council in the past?**

*Please select one option.*

- No
- Yes and was elected
- Yes but was not elected

*Question 6A only needs to be asked if Question 6 has been answered "Yes and was elected".*

**6A. How many years in total have you served as a County or County Borough Councillor?**

*Please include all periods of office that you have served as a County or County Borough Councillor.*

\_\_\_\_\_ years.

**7. Have you stood for election to a Community or Town Council in the past?**

*Please select one option.*

- No
- Yes and was elected
- Yes but was not elected

*Question 7A only needs to be asked if Question 7 has been answered "Yes and was elected".*

**7A. How many years in total have you served as a Community or Town Councillor?**

*Please include all periods of office that you have served as a Community or Town Councillor.*

\_\_\_\_\_ years.

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## PART 3

### **Candidate information (for use when conducting the survey after the election)**

#### **4. In which election did you stand?**

*Please select one option.*

- County or County Borough Council
- Community or Town Council
- Both County or County Borough Council and Community or Town Council

*Question 4A only needs to be asked if Question 4 has been answered "County or County Borough Council".*

#### **4A. You said that you stood for election to a County or County Borough Council. What is your status following the election?**

*Please select one option.*

- Elected       Unelected

*Question 4B only needs to be asked if Question 4 has been answered "Community or Town Council".*

#### **4B. You said that you stood for election to a Community or Town Council. What is your status following the election?**

*Please select one option.*

- Elected       Unelected

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Question 4C only needs to be asked if Question 4 has been answered "Both County or County Borough Council and Community or Town Council".

**4C. You said that you stood for election to both a County or County Borough Council and a Community or Town Council. What is your status following the election?**

*Please select one option in each row.*

	Elected	Unelected
County or County Borough Council	<input type="checkbox"/>	<input type="checkbox"/>
Community or Town Council	<input type="checkbox"/>	<input type="checkbox"/>

**5. Which party, if any, did you represent?**

*Please select one option.*

- Independent
- Plaid Cymru
- Welsh Conservative Party
- Welsh Labour Party
- Welsh Liberal Democrats
- Other, please specify:

**6. Have you stood for election to a County or County Borough Council in the past?**

*Please select one option.*

- No
- Yes and was elected
- Yes but was not elected

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*Question 6A only needs to be asked if Question 6 has been answered "Yes and was elected".*

**6A. How many years in total have you served as a County or County Borough Councillor?**

*Please include all periods of office that you have served as a County or County Borough Councillor.*

\_\_\_\_\_ years.

**7. Have you stood for election to a Community or Town Council in the past?**

*Please select one option.*

- No
- Yes and was elected
- Yes but was not elected

*Question 7A only needs to be asked if Question 7 has been answered "Yes and was elected".*

**7A. How many years in total have you served as a Community or Town Councillor?**

*Please include all periods of office that you have served as a Community or Town Councillor.*

\_\_\_\_\_ years.

## PART 4

### Candidate characteristics

**8. Are you:**

*Please select one option.*

- Male  
 Female

**9. What age band were you in on your last birthday?**

*Please select one option.*

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 55-59 years      |
| <input type="checkbox"/> 25-29 years | <input type="checkbox"/> 60-64 years      |
| <input type="checkbox"/> 30-34 years | <input type="checkbox"/> 65-69 years      |
| <input type="checkbox"/> 35-39 years | <input type="checkbox"/> 70-74 years      |
| <input type="checkbox"/> 40-44 years | <input type="checkbox"/> 75-79 years      |
| <input type="checkbox"/> 45-49 years | <input type="checkbox"/> 80 years or over |
| <input type="checkbox"/> 50-54 years |   |

**10. Do you have parental responsibility for a child aged 16 or under?**

*Please select one option.*

- Yes       No

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**11. What is your ethnic group?**

*Please select one option.*

**A. White**

- Welsh/ English/ Scottish/ Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- Any other White background

**B. Mixed/multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple ethnic background

**C. Asian/ British Asian**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

**D. Black/ African/ Caribbean/ Black British**

- African
- Caribbean
- Any other Black/ African/ Caribbean background

**E. Other ethnic group**

- Arab
- Any other ethnic group



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**12. What is your religion?**

*Please select one option.*

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please specify:

**13. Do you consider yourself to be:**

*Please select one option.*

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other

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**14. Can you understand, speak, read or write Welsh?**

*Please select all that apply.*

- Understand spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- None of the above

**15. What is your main language?**

*Please select one option.*

- English
- Welsh
- Other (including British Sign Language), please specify:

**Education and employment**

**16. What is your highest educational qualification?**

*Please select one option.*

- None
- 'O' Level, GCSE, CSE, NVQ Level 1/2 or equivalent
- 'A' Level, NVQ Level 3 or equivalent
- NVQ Level 4 or equivalent
- Foundation or Ordinary Degree, NVQ Level 5, HND or HNC
- Honours Degree
- Masters Postgraduate qualification
- Professional qualification (e.g. accountancy)

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**17. What is your current employment status?**

*Please select all that apply.*

- In full-time employment
- In part-time employment
- Self employed
- Unemployed
- Full-time student
- Part-time student
- Retired
- On maternity leave
- Looking after family or home
- Long term sick or disabled
- On a government training scheme
- Unpaid worker in family business
- Unpaid carer
- Other, please specify:

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**18. What category best describes your current or most recent employment sector?**

*Please select one option.*

- Local Government
- Central Government
- NHS
- Education
- Other public sector
- Private sector
- Voluntary sector
- Agriculture
- Other, please specify:

**19. Which category best describes your current or most recent type of employment?**

*Please select one option.*

- Managerial or executive
- Professional or technical
- Lecturer, teacher or researcher
- Administrative, clerical, secretarial or sales
- Manual or craft
- Other, please specify:

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**20. Have you given unpaid help, for example as a volunteer, trustee or board member, to any of these types of groups or organisations at any time in the last 12 months?**

*Please select one option in each row.*

	Yes	No
Children's education/schools	<input type="checkbox"/>	<input type="checkbox"/>
Youth/children's activities (outside school)	<input type="checkbox"/>	<input type="checkbox"/>
Education for adults	<input type="checkbox"/>	<input type="checkbox"/>
Sports or exercise (e.g. coaching)	<input type="checkbox"/>	<input type="checkbox"/>
Religious or faith based group	<input type="checkbox"/>	<input type="checkbox"/>
Gender group	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality group	<input type="checkbox"/>	<input type="checkbox"/>
Political party	<input type="checkbox"/>	<input type="checkbox"/>
Health, disability or social welfare group	<input type="checkbox"/>	<input type="checkbox"/>
The elderly	<input type="checkbox"/>	<input type="checkbox"/>
First aid	<input type="checkbox"/>	<input type="checkbox"/>
Environment group	<input type="checkbox"/>	<input type="checkbox"/>
Animal welfare group	<input type="checkbox"/>	<input type="checkbox"/>
Justice or Human Rights	<input type="checkbox"/>	<input type="checkbox"/>
Community or neighbourhood group	<input type="checkbox"/>	<input type="checkbox"/>
Citizen's group	<input type="checkbox"/>	<input type="checkbox"/>
Social club	<input type="checkbox"/>	<input type="checkbox"/>
Trade union	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

**If you have selected 'Other' please specify:** \_\_\_\_\_

**Health and disability**

**21. How is your physical health in general?**

*Please select one option.*

- Very good
- Good
- Fair
- Poor
- Very poor

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**22. How is your mental health in general?**

*Please select one option.*

- Very Good
- Good
- Fair
- Poor
- Very poor

**23. Do you consider yourself to have a disability?**

*Please select one option.*

- Yes                       No

**24. Do you have an illness or disability that limits your activities in any way?**

*Please select one option.*

- Yes                       No

**25. Do you have any of the following conditions?**

*Please select one option in each row.*

	Yes	No
Physical impairment	<input type="checkbox"/>	<input type="checkbox"/>
Sensory impairment	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issue	<input type="checkbox"/>	<input type="checkbox"/>
Long term health condition	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

**If you have selected 'Other' please specify: \_\_\_\_\_**