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SCHEDULE 1

Survey of Local Government Candidates in Wales

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: _____