**Gloucestershire Domestic Abuse and Sexual Violence Consultation Network**

Authentic Voice membership

By completing this form I am confirming that I am victim or survivor of domestic abuse or sexual violence wishing to support consultation work in this area.

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |
| Email address |  |

By completing this form, I hereby give consent for my details to be held by the Office of Police and Crime Commissioner in an encrypted online folder. This folder will have restricted access and only be accessed by authorised staff who are supporting consultation work.

Please check this box if you wish to opt out of receiving a quarterly newsletter 

Equality & Monitoring

The Office of the Police and Crime Commissioner for Gloucestershire is committed to treating people fairly. So that we can monitor and report on the demographic of victims and survivors engaged in consultation work we would be grateful if you could answer the following questions about yourself please. Importantly the Office of the Police and Crime Commissioner wants to ensure that the voice of victims and survivors of domestic abuse and sexual violence are heard, listened to and inform strategy, policy and practice. We know that there are groups of individuals who are underrepresented and we want to ensure services are accessible to all. Holding this personal data gives us the opportunity to approach groups of individuals if their views are missing or needed.

None of the questions are mandatory and please be assured the information you give will be used for no other purpose and will remain confidential.

**Gender** Male  Female  Intersex  Non-binary  Prefer not to say 

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24 25-29  30-34  35-39 40-44  45-49 

 50-54 55-59  60-64  65+  Prefer not to say 

 **What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your relationship status?**

Single  Married  Widowed  Civil partnership  Living with partner 

Prefer not to say 

**Are you currently pregnant or on maternity leave?**

Yes  No 

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for taking the time to complete this form and supporting the consultation work.**

**Please return completed form to: DASVconsultation@gloucestershire-pcc.gov.uk**