



The Scottish
WELFARE FUND



APPLICATION FORM

ABOUT COMMUNITY CARE GRANTS

Who can get a Community Care Grant?

You may be able to get a Community Care Grant if you are getting one of these benefits:

- Income Support
- Income based Jobseeker's Allowance
- Income related Employment and Support Allowance
- Any type of Pension Credit.

You may also be able to get a Community Care Grant if you are likely to get one of these benefits when you leave care, such as a hospital, a care home or a prison. If you are not on one of these benefits, but have nowhere to turn in a crisis, the Council may decide to make an exception and award you a Crisis Grant, but this would be unusual. A Community Care Grant or a Crisis Grant may be goods or items, vouchers or cash.

Crisis Grants

You do not need to complete this form if you wish to apply for a Crisis Grant. Crisis Grant applications should be made by contacting the Scottish Welfare Fund on **0300 555 0405** (see page 4 for more details)

How we decide whether we will give you a grant

A decision maker will look at all the information on your application before deciding if we can make a grant. There is only a limited amount of money available for payments and items so we cannot make a grant in every case.

The information you give us on the form will help us decide:

- if you qualify for a payment or items, and if so
- whether we can make a grant from the money we have in the budget and what the award should be.

You need to give us as much information as you can about how a grant would help you, either to cope with a crisis or to live independently in the community. We will use this information to decide whether or not we can give you a grant. If you do not give us the information we ask for in the form, we will not be able to give you a grant. We will check some of the information you give us, for example the benefits you are on, with DWP. We may also talk to other people about your application, for example social workers or doctors. We will only make a grant or give you items if we are sure that this is the only way that you can get the help you need. We may also decide to give you less than you have asked for.

How a Community Care Grant can help

A Community Care Grant is to help a person with things they need to live independently in the community rather than having to live in care. This could be because they are:

- setting up in the community after a period in care
- want to stay in the community rather than having to go into care
- taking part in a planned re-settlement programme after an unsettled way of life
- a family facing exceptional pressure, for example because of family breakdown, and need help to provide a safe and secure environment for their child/children
- caring for a prisoner or young offender on release on temporary licence.

Crisis Grants and Community Care Grants do not have to be paid back.

What you should not apply for:

You should not apply for a Community Care Grant if you:

- have savings of £700 or more and you are under pension age, or savings of £1200 or more and you are over pension age. Your application for a Community Care Grant will not be successful unless there is a reason why you cannot use these savings
- are in care, are not leaving care within 8 weeks or have not been in care for 3 months or more
- have applied for a Community Care Grant for the same things within the last 28 days and nothing has changed.

Help from other sources

The DWP is still providing Budgeting Loans or may be able to give you a short-term Advance on Benefit. If you don't think you would get a Crisis or Community Care Grant or benefits from the DWP but still need help, a Citizens Advice Bureau, your Council or a local Welfare Rights organisation may also be able to offer you advice. You can find your local Citizens Advice Bureau in the phone book or at this website: www.cas.org.uk/bureaux. You can find out more about local Welfare Rights organisations on the Rights Advice Scotland website at www.rascot.co.uk.

Independent Advice Services available locally include:

Rochsoles Community Resource Project
63b Rochsoles Drive, Airdrie, ML6 6ST

Tel: 01236 767896

Tannochside Information & Advice Centre
14 Thorniewood Road, Tannochside, Uddingston, G71 5QQ

Tel: 01698 816427

Cumbernauld Unemployed Workers Centre
c/o Link C.E.C., Tryst Walk, Cumbernauld, G67 1EW

Tel: 01236 729520

Newmains Advice Centre
54 Abernethyn Road, Newmains, Wishaw, ML2 9NB

Tel: 01698 382661

FILLING IN THE FORM

What you will need to fill in this form:

- your National Insurance number
- details of money you receive
- contact details for people who are helping you who the Council may want to contact
- information to prove that you are who you say you are, and
- other documents that give information about your situation, such as the police incident number if you have reported a crime.

If you need help to fill in the form

This form should be filled in by the person making the application. If you need help to fill in this form, you can ask someone else such as a friend or relative, or you can contact your local Council or Citizens Advice Bureau. You still need to sign the declaration at Part 6 yourself.

Applying on behalf of someone else

If you are applying on behalf of someone else who is unable to fill in the form, you should complete the relevant part of section 6 and ask them to sign the section which authorises you to apply on their behalf. We will then deal with you in future. You should complete the form with the details of the person you are acting for.

About the form:

This form is in six sections:

Part 1. General information about you and your family

Part 2. About money you have and receive

Part 3. Community Care Grant and reasons for your application

Part 4. Other information that will help us to make a decision

Part 5. About other support you receive or might want to receive

Part 6. Declaration and what happens next

You should fill in Parts 1, 2, 4, 5 and 6. You should also complete the section of Part 3 which is about the grant you are applying for. Please complete the form in black ink. If you need extra space, please use the blank page at the beginning of this form.

Receipts

If you are awarded a Crisis Grant or Community Care Grant you may be asked to provide receipts to show you have bought the items your grant was awarded for. Please make sure you keep your receipts.

Review

If you do not agree with the decision made on your application, you can ask for a review. Details of who to contact are on page 4.

How to contact us

Applications for Crisis Grants can be made by telephone on **0300 555 0405**

8.45am and 4.45pm Monday – Thursday

and

8.45am – 4.00pm on Fridays

Completed Community Care Grant Application Forms should be returned to:

**The Scottish Welfare Fund
PO Box 19078
MOTHERWELL
ML1 9DU**

If you disagree with the decision made on your Community Care Grant Application:

If you do not agree with the decision, please call 0300 555 0405 and we will go through the decision with you. You can request a review of your decision.

You may ask for a review without calling us to go through the decision first.

If you would like to request a review you must write to us at the above address.

Your review request should contain:

- the date and reference number from this letter.
- the reasons why you do not think the right decision was made on the application. For example, this might be because you do not think we took all the relevant information in to account, because you do not agree with the award that has been made or because you don't agree that you are not eligible for the Scottish Welfare Fund.
- information which you did not give us when you made your application but which you think might make a difference to our decision. Please phone us to find out more about this if you are not sure.
- information on any changes to your circumstances since the application which might make a difference to our decision.
- your signature. If someone is making a review request for you, you must sign the letter giving your agreement for the review to proceed.

APPLICATION QUESTIONS

| Part 1. General information about you and your family. Please give us some information about you, your partner if you have one, and the other people who live in your house with you. | | |
|--|---|---|
| | You | Your partner |
| Title | | |
| Surname | | |
| Other surnames you have used | | |
| All other names | | |
| Your current address | | |
| If you have been at this address for less than 3 months, please give your previous address | | |
| National Insurance number | | |
| Date of birth | | |
| Sex | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| A daytime phone number so that we can contact you if we need more information | Main contact number | Main contact number |
| | Other contact number | Other contact number |
| Email address | | |
| What is the best way to contact you? | | |
| | | |

| About your home. | | |
|---|--------------------------|--------------------------|
| What sort of place do you live in? Please tick one from this list: | | |
| Rent from the Council | <input type="checkbox"/> | <input type="checkbox"/> |
| Rent from a private landlord | <input type="checkbox"/> | <input type="checkbox"/> |
| Rent from a housing association | <input type="checkbox"/> | <input type="checkbox"/> |
| A hostel | <input type="checkbox"/> | <input type="checkbox"/> |
| Bed and breakfast | <input type="checkbox"/> | <input type="checkbox"/> |
| Caravan or mobile home | <input type="checkbox"/> | <input type="checkbox"/> |
| A residential/care home | <input type="checkbox"/> | <input type="checkbox"/> |
| A residential school or children's accommodation | <input type="checkbox"/> | <input type="checkbox"/> |
| Supported accommodation, for example sheltered housing or housing with support after being homeless | <input type="checkbox"/> | <input type="checkbox"/> |
| Living with friends/relatives | <input type="checkbox"/> | <input type="checkbox"/> |
| Living with own parents | <input type="checkbox"/> | <input type="checkbox"/> |
| Own your home or jointly own your home, including with a mortgage | <input type="checkbox"/> | <input type="checkbox"/> |
| Armed Forces accommodation | <input type="checkbox"/> | <input type="checkbox"/> |
| A hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| Prison or young offender's institution | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

About your home (Continued).

If other, please give details:

How long have you lived here?

If your home is rented, please tell us about the landlord. Landlord's name:

Landlord's phone number:

If you are in a prison or young offender's institution,
please give your prisoner number:

What is the name of the institution you are in?

About other people who live with you.

Please tell us about all the people who live with you, including children that you support. A child is 16 or under or aged 17-19 and still in full-time education or included on their parent's benefit claim. This includes babies who have not yet been born so if someone is pregnant, please include details of the baby.

| Name/s | Date of birth/due date | Relationship to you | Please tick this box if you receive Child Benefit for this person |
|--------|------------------------|---------------------|---|
| | | | <input type="checkbox"/> |

Please continue on the blank page at the beginning of this form if you need more space.

Please tell us about any applications you have made for Crisis or Community Care Grants in the last 12 months, including when you were living in another Council area.

Was a grant given? Yes No

Have your circumstances changed since the last application? Yes No
If yes, please tell us how:

| Part 2. About money you have and receive. In order to get a Community Care Grant, you need to be on certain benefits. Are you or your partner receiving any of the following welfare benefits? Please tick all of the benefits you and your partner are getting or will be getting: | | |
|--|--------------------------|--------------------------|
| | You | Your partner |
| Income Support | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing Benefit | <input type="checkbox"/> | <input type="checkbox"/> |
| Council Tax Reduction | <input type="checkbox"/> | <input type="checkbox"/> |
| Jobseeker's Allowance (contribution-based) | <input type="checkbox"/> | <input type="checkbox"/> |
| Jobseeker's Allowance (income based) | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment and Support Allowance (contribution-based) | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment and Support Allowance (income related) | <input type="checkbox"/> | <input type="checkbox"/> |
| Incapacity Benefit | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability Living Allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Independence Payment | <input type="checkbox"/> | <input type="checkbox"/> |
| Working Tax Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Tax Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Benefit | <input type="checkbox"/> | <input type="checkbox"/> |
| Universal Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| Carers Allowance | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|--|--|
| Pension Credit Plus | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you or your partner waiting to hear from DWP about a claim or appeal for any welfare benefits? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>Please tell us about this, for example what you applied for and when and who is dealing with your application:</p> | | |

About money you or your partner get regularly (continued).

Have you or your partner received any money recently apart from your regular income? For example final wages, holiday pay or redundancy pay? Yes No

| | You | Your partner |
|--|--|--|
| What money did you or your partner receive? Please give details: | | |
| Where did the money come from? | | |
| How much did you or your partner get? | | |
| When did you or your partner get it? | | |
| Is there any more due? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How much and when? | | |

Are you subject to any sanction or disallowance relating to DWP benefits?
 This means that your benefit has been reduced or stopped even though you are still entitled to it, because of something you have done.
 Yes No

If so, please tell us about this. For example, the reason for the sanction, when it started and when it will finish.

About savings and other money you could use. Please tell us about any money, savings, assets or capital that you have. This includes cash, money in a bank, building society or credit union. It might also be National Savings, Premium Bonds, stocks and shares, trust funds or endowment policies. We will not give you a grant if we think you have money that you could use, but some types of money can be ignored when we look at your application, for example business assets, rights in pension schemes, funeral plans and compensation for late payments of benefits.

| | You | Your partner |
|--|--|--|
| Do you or your partner have any other money or savings listed above? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If so, how much? | | |
| Please say where the money is held, for example in a bank account or building society or credit union. | | |
| Can you get to this money to use it? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If No, why not? | | |
| Is there any other money you or your partner could use, e.g. a credit card, authorised overdraft? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please tell us about this: | | |
| Do you or your partner own a house or property apart from where you live? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please tell us about this: | | |
| Can you or your partner get help from anywhere else, in cash or in kind, for example from friends and relatives, charities or benevolent funds (this might include borrowing items)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| What have you or your partner tried? | | |

Part 3. Community Care Grant – to help you live in the community rather than being in care. This includes:

- setting up in the community after a period in care
- wanting to stay in the community rather than having to go in to care
- taking part in a planned re-settlement programme after an unsettled way of life
- a family facing exceptional pressure, for example because of family breakdown, and need help to provide a safe and secure environment for children
- caring for a prisoner or young offender on release on temporary licence.

| | |
|--|--|
| Are you planning to move? If not, go to – Your circumstances | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

| | |
|---|--|
| If Yes, please tell us the address you are moving to: | |
|---|--|

| | | |
|--|---------------------------|--------------------------|
| If you are moving, please tick the sort of home you are planning to move to: | A home you own | <input type="checkbox"/> |
| | Rented – unfurnished | <input type="checkbox"/> |
| | Rented – partly furnished | <input type="checkbox"/> |
| | Rented – fully furnished | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |

| | |
|--|--|
| If you have ticked other, please tell us about this: | |
|--|--|

| | |
|--|--|
| If the property is rented please tell us about the landlord: Landlord's name: Landlord's phone number: | |
|--|--|

Your circumstances

Please tell us why you need help to set up or stay in the community:

Are you following a programme of support to help you re-settle in the community after an unsettled way of life?

Yes No

Why are you following the programme, for example is it because you have had problems with addictions, or are you following a programme of support, for example, because you have been in care or been homeless?

What does the programme of support involve?

Please fill in this section if you need help to provide a safe and secure environment for your child or children because you are facing exceptional pressure and do not have the resources to meet these costs.

What is the exceptional pressure that you or your family are under?

What is the impact on your child/children?

Please fill in this section if you need help caring for a prisoner or young offender on release on temporary licence.

| | |
|----------------------------------|--|
| Name: | |
| Date of birth: | |
| Their relationship to you: | |
| Name of institution: | |
| Their prisoner number: | |
| What date does the leave start? | |
| What date does the leave finish? | |

Tell us about the things that you are applying for. This may include items such as a bed, bedding, clothes or items for the kitchen such as a cooker. It may also include services such as removals or travel costs. If you are given a grant, you may be asked to provide receipts to show that you have bought the items the grant was awarded for. Please make sure you keep receipts.

Please tell us as much as you can about how these things will help you.

- If you need to replace something, tell us what is wrong with the one you have and why you need to replace it.
- If you need something for the first time, tell us why you need it. Please tell us exactly what you need, for example, if you need clothing, what type of clothing you need.
- For things like curtains and carpets, tell us the sizes of the window or room they are for.
- If you need something with special features or adaptations, tell us what these features are and why you need them. If you need more space to tell us about what you need, please continue on the blank page at the beginning of this form.

| What do you need? | How many or how much do you need? | How much do you think it will cost? | Who will use it? |
|---|-----------------------------------|-------------------------------------|------------------|
| For example: A new winter jacket because I have put on weight while I was in care and the old one doesn't fit any more | 1 | £x | Me |
| | | | |
| Please tell us about any organisation that is helping you either to set up in the community or to stay in the community. | | | |
| Please give the name of the organisation helping you: | | | |
| Please give the name of the person helping you: | | | |
| Please give the phone number of the person helping you: | | | |
| How are they helping you? | | | |

Part 4. Other information that will help us to make a decision. When we decide whether or not to give a grant, we look at how much difference a grant will make to the person applying or the person they care for. This means that we need to know about any problems, difficulties or special circumstances for you or the people you live with. We also need to know about changes in your circumstances. Please answer the questions below, telling us about things that are affecting you, how they have affected you and what help or treatment you have had. Please also tell us if you have had to spend extra money because of these problems.

What will happen if you do not get a grant?

Please tell us if you or someone named in the application has health problems such as chronic or terminal illness, disability for example deafness or blindness or any medical condition:

Please tell us if you or someone named in the application has mental health problems:

Is there any reason why you would need a special type of the item that you have asked for, for example do you need an adaptation to the things you have asked for because of a disability?

Yes No

Please tell us about this:

Please tell us if you or someone named in the application has learning difficulties or physical impairments:

Please tell us if you or someone named in the application has problems with addictions or substance misuse:

Please tell us if you or someone named in the application has problems because of age, for example difficulty in getting around or needing help looking after themselves:

Please tell us if you or someone named in the application has been recently homeless and how this happened. Please give the dates:

Please tell us if you or someone named in the application has had a significant changes in circumstances, for example redundancy, eviction or repossession or leaving the Armed Forces:

Other Information – Please use this space to tell us about anything else you think we need to know about that you have not already mentioned in the form.

Part 5. About other support you receive or might want to receive. We may know about other services that you would find useful. Please let us know about services that you are already using.

| | |
|---|--|
| Did someone help you to fill in this form, for example a friend or family member or an advice worker? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

| | |
|---|--|
| Are you or your partner in contact with other services, for example social work, housing, welfare rights, healthcare or others? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

Please tell us why you are in touch with this service or services:

| Organisation/Department | Name of person | Phone number |
|-------------------------|----------------|--------------|
| | | |
| | | |
| | | |
| | | |

| | |
|---|--|
| Would you like an advice worker to check that you are getting all of the benefits that you are entitled to? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

| | |
|--|--|
| Do you find it difficult to pay your debts? Would you be interested in speaking to a debt adviser? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

| | |
|--|--|
| Do you think you would find some advice on money management helpful? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

| | |
|--|--|
| If you have answered Yes to the questions above, we may give your details to someone who could do this for you, depending on how many people are interested in these services. This may be someone from the Council or from a voluntary organisation. Would you be happy to be contacted about these services? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

Part 6. Declaration and what happens next.

If we decide to make a grant, we may pay you a grant or give you vouchers or the items you need. If we are going to give you items or vouchers, we will contact you to arrange for delivery or collection.

About the account you want to use

If we are going to pay cash, we may need to know your bank account details. It is very important you complete ALL boxes correctly including the building society roll or reference number if you have one.

If you tell us the wrong account details your payment may be delayed or you may lose money. You can find the account details on your bank debit card or bank statements.

If you are not sure about the details, ask the bank, building society or other account provider. You can use an account in your name or a joint account. If you do not have an account, and are not planning to open one, please tick the box and we will contact you to discuss the best way to make a payment.

If you are an appointee or a legal representative acting on behalf of the applicant, the account should be in your name only. To be paid into a credit union account you must provide the credit union account details. Your credit union will be able to help you with this.

Account details

Name of account holder:

Full name of bank, building society or other account provider:

Sort code

Account number

Building society roll or reference number

If you do not have an account and don't intend to open one tick here

Declaration

Please read the declaration carefully and make sure you understand it before signing and dating the form. We cannot make a decision about your application unless you have signed the form. Even if someone has filled in the form for you, you must sign it if you can. Make sure that you understand what they have written before you sign the declaration. It is an offence to give false information.

This is my application for a Community Care Grant

- I have read and understood the guidance notes that come with this form.
- I understand that:
 - the Council will use the information I have given to decide whether to award me a grant;
 - the Council will check the information I have given with the organisations I have named on the form and make any other enquiries to check that the information I have given is correct;
 - the Council will use the information and share it with other agencies, including the Scottish Government, for research and analysis to monitor this service and provide better services;
 - the Council will keep a copy of this application in accordance with its retention policy.
- I also understand that:
 - the Council may decide to make a grant for supervised spend by the Council or by another organisation;
 - the Council may require me to provide receipts for the things I buy, so that I must keep my receipts.
- I declare that, if I am awarded a grant, I will spend it on the things I have asked for.
- I also declare that the information I have given on this form is correct and complete as far as I know and believe.

Signature:

Date:

Print your name:

If this form has been filled in by someone different from the person claiming. If you are signing this form for someone else who cannot apply for themselves, please complete this section. You do not need to complete this section if you have helped someone fill in the form but they are signing it.

Please print the name of the person who completed the form:

Contact address:

Telephone number:

| | |
|--|--|
| What is your relationship to the applicant? | |
| Please give the reason why the applicant was unable to complete the form: | |
| <p>Please ask the applicant to sign this section to give you the authority to apply on their behalf.</p> <p>I hereby authorise the person named above to apply for a Community Care Grant on my behalf. I would like them to receive all correspondence about the claim.</p> <p>Signed</p> | |
| You should complete the rest of the form with the details of the person you are filling in the application for. We will send all correspondence to you. | |
| What to do now | |
| <ul style="list-style-type: none"> • Check you have answered all the questions and given all information requested • Initial any alterations • Check you have signed the form • Send your form to the address on page 4 of this form | |
| Processing times | |
| <p>We aim to process Community Care Grant applications within 15 working days.</p> <p>You will receive a letter to tell you whether or not you will receive a grant. If your application is urgent, we may also contact you by phone to let you know.</p> | |
| What to do if you disagree with our decision: please read carefully the detailed information on requesting a review outlined on page 4 of this application form. | |

Helping us to improve our service

The Scottish Welfare Fund is a new fund. We want to understand how well it is working so that we can improve it in the future. We would like you to answer these questions to help us but they are not part of your application so you do not have to. If you do answer them, we will not use the answers to any of these questions to decide whether or not to give you a grant.

Would you be willing to answer some questions about your experience of using the fund? If you answer Yes, we may pass on your contact details to approved researchers to contact you direct to ask you some questions.

Yes No

We want to understand who is applying to the Scottish Welfare Fund so that we can make sure that particular groups are not disadvantaged. It would be helpful if you could tick the boxes below that most closely fit you:

What religion, religious denomination or body do you belong to?

| | | | | | | | |
|--------------------|--------------------------|----------|--------------------------|-----------------|--------------------------|-------|--------------------------|
| None | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> | Other Christian | <input type="checkbox"/> | Pagan | <input type="checkbox"/> |
| Church of Scotland | <input type="checkbox"/> | Sikh | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | | |
| Roman Catholic | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | | |

Another religion, please write in

What is your ethnic group?

| | | | |
|--|--------------------------|--|--------------------------|
| White Scottish | <input type="checkbox"/> | Bangladeshi, Bangladeshi Scottish or Bangladeshi British | <input type="checkbox"/> |
| Other British | <input type="checkbox"/> | Chinese, Chinese Scottish or Chinese British | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Other Asian, Asian Scottish or Asian British | <input type="checkbox"/> |
| Gypsy/Traveller | <input type="checkbox"/> | African, African Scottish or African British | <input type="checkbox"/> |
| Polish | <input type="checkbox"/> | Other African Caribbean, Caribbean Scottish or Caribbean British | <input type="checkbox"/> |
| Other white ethnic group | <input type="checkbox"/> | Black, Black Scottish or Black British | <input type="checkbox"/> |
| Mixed or multiple ethnic group | <input type="checkbox"/> | Other Caribbean or Black | <input type="checkbox"/> |
| Pakistani, Pakistani Scottish or Pakistani British | <input type="checkbox"/> | Arab, Arab Scottish or Arab British | <input type="checkbox"/> |
| Indian, Indian Scottish or Indian British | <input type="checkbox"/> | | |

Other ethnic group, please write here

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more? Yes No

Does this condition or illness affect you in any of the following areas?
Please tick all that apply

- Vision (for example blindness or partial sight)
- Hearing (for example deafness or partial hearing)
- Mobility (for example walking short distances or climbing stairs)
- Dexterity (for example lifting or carrying objects, using a computer keyboard)
- Learning or understanding or concentrating
- Memory
- Mental health
- Stamina or breathing or fatigue
- Socially or behaviourally (for example associated with autism, attention deficit disorder or Aspergers' syndrome)

Other, please write in