

**Consultation on the Ceredigion Public Services Board
Draft Assessment of Local Well-being**

Online Survey Form

A copy of the Ceredigion Public Services Board draft Assessment of Local Well-being can be found [here](#).

If you need to get in touch with us or need information in other formats, (for example large print or Easy Read), please contact us on 01545 570881 or cllc@ceredigion.gov.uk

Closing date for comments: 28th of January 2022.

Your Comments

Are you responding as:	
An Individual	Please tick:
On behalf of an organisation	Please tick:
If responding as an organisation, please let us know the name of your organisation, (optional).	

Question 1: Have we identified the correct matters relating to Ceredigion in the life stage chapters?

Chapter	Yes	No	Comments
Context			
New beginnings			
Childhood			
Youth			

Adulthood			
Older People			

Question 2: Ceredigion Public Services Board will be using the Assessment to prepare our next Ceredigion Local Well-Being Plan 2023-28. After reading the Assessment, what are the three themes that you think we should focus on to improve the well-being of local people and communities?

	Themes
1	
2	
3	

Question 3: Does the draft Ceredigion Assessment of Local Well-being provide opportunities to promote and facilitate the Welsh language?

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**Question 4: Do you have any comments as to how this might affect people's opportunity to use the Welsh language?
Please highlight any positive or adverse effects for us to address.**

A little more about you

The following questions are included to help us find out what people with different characteristics think about the draft Ceredigion Assessment of Local Well-being. We can then make sure that all views are taken into account. It would be helpful if you could answer all of the questions.

The survey is confidential. There is no way that we will be able to trace your responses back to you as an individual

Equality Monitoring Form

These questions are optional, but we need to ask them to understand if our consultation has reached the right people (in accordance with the requirement of the Equality Act 2010).

In accordance with the Data Protection Act, any information requested on the following questions is held in the strictest confidence for data analysis purposes only.

1. Age: What is your age group?

Under 16

45 – 64 years

16 – 24 years

65+

25 – 44 years

Prefer not to say

2. Gender: What is your gender?

Male

Female

Other

Prefer Not To Say

3. Transgender: Is your gender the same now as when assigned at birth?

Yes

No

Prefer not to say

4. Sexual Orientation: Which of the following options best describes how you think of yourself?

Heterosexual/Straight

Bisexual

Gay Man

Prefer not to say

Gay Woman/Lesbian

Other (state if desired) _____

Note: This question should only be asked of people age over 16.

5. Partnership: Which of the following options describes your partnership status?

Single

Widowed

Married

Civil Partnership

Living with Partner

Separated

Divorced

Other

Prefer not to say

6. National identity: How would you describe your national identity?

Welsh	<input type="checkbox"/>	British	<input type="checkbox"/>
English	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>

7. Race: What is your ethnic group? Choose one option that best describes your ethnic group or background.

White	<input type="checkbox"/>	Gypsy Travellers	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Black/African/Caribbean	<input type="checkbox"/>	Other (Please State)	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	_____	

8. Language: What is your preferred language?

Welsh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
		Other (including British Sign Language)	
English	<input type="checkbox"/>	_____	

Can you understand, speak, read or write Welsh?

Understand spoken Welsh	<input type="checkbox"/>	Write Welsh	<input type="checkbox"/>
Speak Welsh	<input type="checkbox"/>	None of the above	<input type="checkbox"/>
Read Welsh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

9. Disability: Do you have a long term physical or mental health condition or illness that reduces your ability to carry out day to day activities

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Prefer not to say

If you answered 'Yes' please indicate which applies to you:

Hearing Impairment Mental Health Issues

Visual Impairment Physical / Mobility Impairment

Speech Impairment Prefer not to say

Learning Difficulties Other (please specify) _____

10. Caring Responsibilities: Do you look after or give help or support to family members, friends, neighbours or others because of either:

- Long term physical or mental ill-health/disability; or
- Problems related to old age

Yes No

Prefer not to say

11. Religion or Belief: What is your religion?

Christian (all denominations) Jewish

Buddhist Atheist

Hindu No religion

Muslim Prefer not to say

Sikh Other

Thank you for completing the survey

Please return this form to:

Email: clic@ceredigion.gov.uk

Ceredigion County Council
Canolfan Rheidol

Rhodfa Padarn
Llanbadarn Fawr
Aberystwyth
SY23 3UE