**Proposal to adopt the Statement of Principles under the Gambling Act 2005**

**Data protection**

Information provided by you on this form will be used to inform the Licensing Policy Consultation. The Council will take all reasonable precautions to ensure confidentiality and to comply with data protection legislation. Your information may be shared with the Licensing team for the purposes of reviewing the Gambling Act 2005 Statement of Principles. Your information will be retained in accordance with the Council’s Data Retention Policy.

You have a number of rights under data protection legislation. You may also withdraw your consent and ask us to delete your personal information at any time by contacting us. Further information about this is available on our website or you may contact the Data Protection Officer.

If you are dissatisfied with the manner in which we process your personal data then you have the option to make a complaint to the Data Protection Officer and the Information Commissioner’s Office.

**Name:**

**Contact details:**

**Are you (please tick):**

License holder

Trade representative

Member of the public

Elected member

Parent/Guardian

Other interested party (please specify) ……….……………………………….

**Do you agree with the proposed policy?**

Yes

No

Unsure

**Please tell us why**

**Are there any other issues you feel the Council should consider when developing its policy on how it issues licences or regulates compliance (please note the Council does not regulate on-line gaming)?**

**Other comments/suggestions**

**Would you like to be emailed once the consultation report is available?**

(If ‘Yes’, please provide your email address?)

**Equalities monitoring**

In order to help us ensure that we are providing services fairly to everyone who needs them, we would be grateful if you could answer a few more questions about yourself.

The information you supply will be kept confidentially and will only be used for the purposes of equalities monitoring.

**Completion of these questions is not required as part of the questionnaire. You do not have to answer any of the questions if you do not wish to do so. Alternatively, you can choose to answer some and not others by selecting the 'prefer not to say' options.**

**Are you happy to answer a few more questions about yourself?**

Yes

No

**What is your date of birth? (DD/MM/YYYY)**

Prefer not to say

**Do you consider yourself to be disabled? Please select one option only.**

Yes

No

Prefer not to say

**Please indicate below the type of impairment which applies to you. Please select all options that apply.**

Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches

Sensory impairment, such as being blind or having a serious visual impairment or being D/deaf or hard of hearing

Mental health condition, such as depression or schizophrenia

Learning difficulty, such as Down’s syndrome or dyslexia, or cognitive impairment, such as autism or head-injury

Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

Other (please use space below)

Prefer not to say

**How would you describe your nationality?** **Please select one option only.**

Welsh

English

Scottish

Northern Irish

British

Other (please type in the box below)

Prefer not to say

**What is your ethnic group?** **Please select one option only.**

White

Mixed / multiple ethnic groups

Asian or Asian British

Black / African / Caribbean / black British

Other ethnic group

Prefer not to say

**White**

Welsh / English / Scottish /Northern Irish / British

Irish

Gypsy

Irish Traveller

Any other white background (please type in the box below)

**Mixed / multiple ethnic groups**

White and black Caribbean

White and black African

White and Asian

Any other mixed / multiple ethnic background (please type in the box below)

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background (please type in the box below)

**Black / African / Caribbean / black British**

African

Caribbean

Any other black / African / Caribbean

background (please type in the box below)

**Other ethnic groups**

Arab

Any other ethnic group (please type in

the box below)

**What is your religion or belief?** **Please select one option only.**

No religion

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other (please type in the

box below)

Prefer not to say

**What is your gender? Please select one option only.**

Male

Female

Transgender

Prefer not to say

**Is your gender the same now as that which you were assigned at birth? Please select one option only.**

Yes

No

Prefer not to say

**Are you pregnant?** **Please select one option only.**

Yes

No

Prefer not to say

**Have you given birth within the past 26 weeks? Please select one option only.**

Yes

No

Prefer not to say

**What is your sexual orientation?** **Please select one option only.**

Heterosexual / straight

Gay man

Gay woman / lesbian

Bisexual

Other

Prefer not to say

**What is your marital status?** **Please select one option only.**

Single

Partnered

Married

Civil partnered

Divorced

Widowed

Prefer not to say

**A carer is someone who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.**

**Are you a carer?** **Please select one option only.**

Yes

No

Prefer not to say

**Are you able to...**

**Please select one option per row.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Fairly well | Fluently | Prefer not to say |
| speak Welsh |  |  |  |  |  |
| read Welsh |  |  |  |  |  |
| write Welsh |  |  |  |  |  |

**Thank you for taking the time to complete this survey.**