



### Do you consider yourself to have a disability?

Yes

No

If you have answered 'yes', please select the definition/s from the list below that best describes your impairment:

Learning Disability/ Difficulty	<input type="checkbox"/>	Long standing illness or health condition	<input type="checkbox"/>	Mental Health condition	<input type="checkbox"/>	Physical or mobility impairment	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	Other	<input type="checkbox"/>	please specify:			

It would help us to know any barriers you have faced when dealing with us. Please also use this space to make suggestions on how we can improve.

### How do you describe your ethnic origin?

Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

#### White

British	<input type="checkbox"/>	Cornish	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Gypsy	<input type="checkbox"/>	Roma	<input type="checkbox"/>	Travellers of Irish Heritage	<input type="checkbox"/>
Other white background (please specify):					

#### Mixed

White & Asian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Mixed Cornish	<input type="checkbox"/>				
Other mixed background (please specify):					

#### Black or Black British

African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Cornish	<input type="checkbox"/>
Other black background (please specify):					

#### Asian

Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Cornish	<input type="checkbox"/>						
Other Asian background (please specify):							