

# Merseyside Fire and Rescue Authority

## Welcome to Merseyside Fire and Rescue Authority

This Authority is committed to get the best out of people and to provide the best possible facilities and service to ensure you can fulfil your role to which you are appointed.

Please take the time to complete this questionnaire to ensure that we are aware of anything which we may need to know, to enable us to make reasonable adjustment or provision for you to perform your role.

This information will remain confidential. If there are any queries in relation to the information you provide on this form, or further information or action is required we will contact you.

Once all sections are complete please submit your form to Helen Peek, Democratic Services Manager, Merseyside Fire and Rescue Authority HQ, Bridle Road, Bootle, L30 4YD or email to [DemocraticServices@merseyfire.gov.uk](mailto:DemocraticServices@merseyfire.gov.uk)

Or if you prefer to speak directly to the Equality and Diversity Officer for further advice please contact Wendy Kenyon, tel 0151 296 4422 e-mail [wendykenyon@merseyfire.gov.uk](mailto:wendykenyon@merseyfire.gov.uk)

**Name:** \_\_\_\_\_

**Preferred contact details** (should we need to contact you regarding the information provided within this form): \_\_\_\_\_

**Date joined Merseyside Fire and Rescue Authority:** \_\_\_\_\_

**Role/capacity appointed to:** \_\_\_\_\_

1. Please choose ONE section from A to E and then tick the appropriate box to indicate your cultural background.

- |    |                               |  |  |  |  |
|----|-------------------------------|--|--|--|--|
| A. | White                         | <input type="checkbox"/> British                 | <input type="checkbox"/> Irish                 | <input type="checkbox"/> Any other White background, please write in ..... |  |
| B. | Mixed                         | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> White & Black African | <input type="checkbox"/> White & Asian                                     | <input type="checkbox"/> Any other Mixed background, please write in ..... |
| C. | Asian or Asian British        | <input type="checkbox"/> Indian                  | <input type="checkbox"/> Pakistani             | <input type="checkbox"/> Bangladeshi                                       | <input type="checkbox"/> Any other Asian background, please write in ..... |
| D. | Black or Black British        | <input type="checkbox"/> Caribbean               | <input type="checkbox"/> African               |  | <input type="checkbox"/> Any other Black background, please write in ..... |
| E. | Chinese or other Ethnic Group | <input type="checkbox"/> Chinese                 |  |  | <input type="checkbox"/> Any other, please write in .....                  |

2. Gender  Male  Female

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3. Sexual Orientation  Bisexual  Gay/Lesbian  Heterosexual  Prefer not to say

4. Marital / Civil Partnership Status  Single  Married / Civil Partnership  Separated  Divorced  Widowed

5. Religion or Belief  Christian (Including Protestant, Catholic, Methodist, etc.)  Buddhist  Hindu  Jewish  Muslim  Sikh  Other  No Religion  Religion not stated

6. My age is:  16–21  22–30  31–40  41–50  51–60  61–65  65+

7. Do you have a physical or mental disability/impairment which has a substantial long term adverse effect on your ability to carry out normal day-to-day activities  Yes  No

**If you answered yes to question 7 please complete 7.a. and 7.b. if you answered no please go to 8.**

**7.a.** to help us provide all reasonable adjustments and make Authority meetings and events accessible to all, it would help to understand a little more about your disability/impairment. Please identify which best describes your Impairment/Condition :

Visual Impairment (Partially blind, Significant sight loss or Blind)  Yes  No

Hearing Impairment (Hard of hearing or Deaf)  Yes  No

Physical Impairment (includes Mobility Impairment and Wheelchair users )  Yes  No

Mental Health Disability  Yes  No

Long term Health Condition  Yes  No

Other  Yes  No

OR

Prefer Not To Disclose  Yes  No

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7.b Please provide as much information that you feel comfortable providing in relation to any disability/impairment which may affect you conducting the day to day activities in relation to your role, to enable an assessment to be carried out with regard to any reasonable provision or adjustments which may be required. \_\_\_\_\_

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This information will be treated in the strictest confidence, and the Equality and Diversity Officer will contact you to discuss any further information be required, and suitable adjustments.

Thank you for your time.

Helen Peek  
 Democratic Services Manager  
 Merseyside Fire and Rescue Authority  
 Tel 0151 296 4112