

**People-led Policy Panel member Application Form**

The People-led Policy Panel (PLPP) is made up of disabled people and unpaid carers/supporters from across Scotland who use, or need , adult social care support. This can be in many different ways. More information can be found on [our web page.](https://inclusionscotland.org/disabled-people-become-a-leader/people-led-policy-panel)

We are recruiting up to 15 new members. We are particularly welcoming applications from:

* Young people or young carers aged 18-28 who use adult social care support or who have since a young age supported someone who uses adult social care support
* Deaf, Deaf Blind, deafened, hard of hearing or visually impaired people who need or use adult social care support.
* Black, Asian and Minority Ethnic (BAME) supported people or unpaid carers who use adult social care support
* Supported people or unpaid carers from different faith groups
* Supported people and unpaid carers who also identify as Lesbian, Bisexual, Gay, Transgender, Queer, Non-binary or Intersex (LBGTQI+)

To make sure that we have a good understanding of how you use, or want to be able to use, adult social care support in Scotland we are going to ask some questions about you. Please leave blank any questions that you cannot or do not want to answer. If you need help filling in the form please let us know.

**Your personal information**

All your personal information will be kept private. The information shared on this form will be stored securely and will not be shared unless you say we can. Please see the [Inclusion Scotland Privacy Policy](https://inclusionscotland.org/about-inclusion-scotland/privacy-policy) for more information

**Data protection**

Your name:

Today’s date:

**I give permission for Inclusion Scotland to hold my sensitive personal information for the reasons outlined in the People-led Policy Panel Privacy Notice**

**Information About You**

**Contact Details:**

Name:

Address:

Post Code: Telephone Number:

E-mail:

Date:

**Where did you hear about the People-led Policy Panel?**

**Do you live in a remote or rural area?**

Yes

No

**What are your hopes for being involved in the People-led Policy Panel?**

**How have you used, or tried to use adult social care support?**

I receive adult social care support and get the support I need. I receive adult social care support but I don’t get enough support.

I have applied for adult social care support for myself but did not receive it.

I am a paid carer of someone using adult social care support

I am an unpaid carer/supporter of someone using adult social care support

I am an unpaid carer/supporter of someone unable to use adult social care support

I have never been asked about adult social care support, but I think I need it

I am a carer but I need adult social care support myself.

**If you have used adult social care support, how was it paid for?**

Self-directed Support (SDS):

Yes  No

If Yes, which type:

Option 1: Paid to you as a Direct Payment for you to employ your own staff

Option 2: You have chosen which agency / organisation you wish to support you, and the money is given to them.

Option 3: You have chosen to allow the Council to arrange your care services

Option 4: You have chosen a mix of these options for different types of care

If you ticked “No” which type of social care support funding

Independent Living Fund

Private Funding

I fund my social care support another way

(please give details):

**How much adult social care support do you, or someone you care for, receive?**

Occasional respite care / short breaks

Regular overnight care

Less than 10 hours a week

Between 10 and 30 hours a week

More than 30 hours a week

**Can you tell us what kind of adult social care support you receive? E.g. personal care, meals, housing support, Telecare, activities.**

**Where does, or did, the adult social care support take place?**

In sheltered housing

In a residential or nursing home

In a day care centre

In a prison or offenders’ unit

Living independently alone

Living independently with others

Somewhere else in the community (please tell us where)

**Who provides the adult social care support?**

The local Council

A charity, social enterprise, or voluntary organisation

A private company

I employee staff directly

**Do you, or have you, received other adult social care services not covered by any of the options above?** Yes  No

If yes, what kind of support?

**Do you also receive support from your local NHS on a regular basis?**

Yes  No

If yes, what kind of support?

**Some more information about you**

**Gender**

Which of the following best describes your gender:

Woman (including trans woman)

Man (including trans man)

In another way

Prefer not to say

If you describe your gender with a different way, please write this here:

**Have you ever identified as a transgender person?**

Yes  No

Prefer not to say

**Are you pregnant or the mother of a child less than six months?** Yes  No

**Age**

What age were you on your last birthday?

What is your date of birth?

**Disability**

Please tick or indicate any statements which apply to you:

I consider myself a disabled person

I consider myself a person who has learning a difficulty/ies

or impairment

I consider myself a member of the D/deaf community

I have experience of mental health issues

I have lived experience of Dementia

I describe myself in a different way

Please tell us how you describe yourself here:

**Barriers**

Do you experience barriers which prevent you from making the same choices as other people, which relate to a long term health condition or a physical, sensory or mental difference?

Yes  No

Please tick all that apply.

Communication difficulties (e.g. lack of sign language, subtitling, etc.)

Inaccessible materials for visual impairments

Inaccessible materials for learning difficulties/disability

Access issues with buildings (e.g. lack of level access/lifts)

Bad attitudes or negative assumptions (e.g. by staff, etc.)

A lack of awareness or understanding for your requirements

I experience different barriers (please say what):

I have previously experienced disability and/or have a fluctuating condition which could affect me in the future and/or has a long term impact on my choices

None of the above (please say why below)

If you have ticked any of the boxes above please tell us about the nature of any physical, sensory or mental impairments, conditions or “differences” (for example neurodiversity, learning difficulties, dyslexia, etc.) that you have:

**Sexuality**

Please tell us what option you feel most accurately describes your sexuality:

Heterosexual/straight

Gay man

Gay woman/lesbian

Bi-sexual

In a different way

(please tell us how you describe your sexuality):

**Marital Status**

Please tell us what your current marital status is:

Single

Married

Civil Partnership

Separated

Divorced

Widowed

Living Together/Common Law Partner

**Religion/Life stance**

Do you consider yourself to be religious (hold active belief in a god or gods and/or hold to specific views or positions due to having religion)?

Yes

No

Don’t know

**If you ticked “Yes”** please indicate which religion or body do you identify with:

Church of Scotland

Roman Catholic

Any other Christian (please specify):

Muslim

Buddhist

Sikh

Jewish

Hindu

Another religious body (please specify):

Prefer not to say

I don’t belong to any organised religion ☐

**If you ticked “No”** would you describe yourself as any of the following:

Atheist – I don’t believe in any gods

Agnostic – I am not sure if any gods exist

Humanist

Not sure

I describe myself in another way

(please tell us here):

**Ethnicity**

Please tell us about your ethnicity.

1. **African, Caribbean or Black**

African, African Scottish or African British

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Any other African, Caribbean or Black background (please write this here):

1. **Asian, Asian Scottish of Asian British**

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Indian, Indian Scottish or Indian British

Pakistani, Pakistani Scottish or Pakistani British

Any other Asian or Asian Scottish or Asian

British background

(please write this here)

1. **White**

Scottish

English

Irish

Northern Irish

Welsh

British

Gypsy/ Traveller

Polish

Any other White ethnic group (please write this here):

1. **Mixed or multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Prefer not to say

Any other mixed or multiple background

(please write this here):

1. **Another ethnic group**

Arab, Arab Scottish or Arab British

Another ethnic group

(please write this here):

Is English your first language? Yes  No

If not, what is your first language?

Do you have dependents e.g. children or adults that you provide support to?

Yes No

Please tell us more about the support you provide:

**Other Options:**

If you are not selected for the People-Led Policy Panel would you like us to contact you to make you aware of other opportunities with Inclusion Scotland? Yes  No

Would you like to join Inclusion Scotland as a member for free? Yes  No

Please contact April O’Neil, People Led Policy Coordinator for more information on [april@inclusionscotland.org](mailto:april@inclusionscotland.org) or phone Inclusion Scotland on 0131 370 6718.

Please return your completed Application Form to Inclusion Scotland by 16 July 2025 by email: [info@inclusionscotland.org](mailto:info@inclusionscotland.org)

Or post to:

Inclusion Scotland  
C/O Robertson House  
152 Bath St  
Glasgow  
G2 4TB

Thank you for your time and consideration.