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| Image of the Inclusion Scotland logo | |
| An easy read formA screen shot of a sign  Description automatically generatedImage of a group of diverse people Image of a policy document | **People-led Policy Panel Member Application Form** |
| Image of a person filling out an application formImage of a group of diverse people | This form is for volunteering with the People-led Policy Panel. |
| Image of a group of diverse people | We are recruiting 15 people who need to use adult social care support. |
| Image of the Scottish Government logo | There will be regular on-line meetings to meet the Scottish Government. |
| A box with a question mark | You can find more information on what we are looking for on our Role Description form. |
| Image of the word Click on a laptop screen | More information can also be found on our webpage. [People-Led Policy Panel (Adult Social Care Support) - Inclusion Scotland](https://inclusionscotland.org/disabled-people-become-a-leader/people-led-policy-panel) |
| Image of a person holding up a form | This application form will ask you questions about how you need to use adult social care support. |
| Image of someone filling in a form with unticked boxes | Please leave blank any questions that you cannot or do not want to answer. |
| Image of a paerson assisting another person to fill in a form | Please let us know if you need help filling in the form. |
| Privacy  Image of a person with their finger to their closed mouth with the word confidential | Keeping your information private is important to us. |
| A picture of the Data Protection Act, mobile devices and a person with one finger over her mouth | The information you give us on this form will be held securely and will not be shared unless you say we can.  **Please read the Privacy Notice we have sent with this application form for more information.** |
| A document saying Policy with a check mark on it | Please see the Inclusion Scotland Privacy Policy for more information <https://inclusionscotland.org/about-inclusion-scotland/privacy-policy> |
| Consent forms | |  | | --- | | **Data Protection**  Your Name: | | **Today’s date:** |   **I give my permission for Inclusion Scotland to hold my sensitive personal information for the reasons outlined in the privacy notice.** |
| **Application Form** | **Information about you**  **Contact details** |
| Image of a person pointing to themselves | Name |
| Image of a house | Address |
| A brick farmhouse | Do you live in a remote or rural area?  Yes  No |
| Image of a phone | Telephone Number |
| Image of a laptop screen with your email on it | Email |
| Image of day, month, year | Today’s date |
|  | **Where did you hear about the People-led Policy Panel?** |
| Image of a person thinking about what they want | What are your hopes for being involved in the Policy Panel? |
|  | **Gender**  Please tell us your gender: |
| Image of a female | Woman |
| Image of a male | Man |
|  | Write here if you want to describe your gender in your own words. |
| A silhouette of a person with a white t on her hands  AI-generated content may be incorrect. | Have you ever identified as transgender?  Yes  No |
| Image of a pregnant belly Image of a newborn baby | Maternity status  Please tick if you are pregnant or the mother of a child less than six months old.  Yes  No |
| Image of a birthday card | **Age**  What is your date of birth? |
| Image of a person with a thumb up and a tick | **Disability**  Please tick or indicate any statements which apply to you. |
| Image of a group of disabled people | I consider myself a disabled person |
| Image of deaf people signing | I am a member of the Deaf community |
| Image of a person with the Equality Act behind them | I have a physical or mental impairment which “substantially affects my ability to carry out normal day to day activities” and has or is expected to last at least 12 months |
| A person pointing at different options on a boardImage of person facing a high brick wall | Please tick below any barriers which prevent you from making the same choices as other people: |
| Image of a person signing with a red cross | I experience communication difficulties (e.g. lack of sign language, subtitling, etc.) |
| Image of small writing with a red cross | I experience inaccessible materials for visual impairments |
| Image of infornmation with a red cross on it | I experience inaccessible materials for learning difficulties/disability |
| Imaage of a wheelchair user at the bottom of a set of stairs | I experience access issues with buildings (e.g. lack of level access/lifts) |
| Image of a person putting their hand up to stop another person speaking | I experience bad attitudes or negative assumptions (e.g. by staff, etc.) |
| Image of a person shrugging | I experience a lack of awareness or understanding of my requirements |
| Image of person facing a high brick wall | I experience different barriers.  Please say what they are: |
| Image of a person going through different emotions | I have previously experienced disability and/or have a changeable condition which could affect me in the future and/or has a long term impact on my choices |
| Image of a person with a thumb up and a tick | 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 learning difficulties, dyslexia, Autistic Spectrum, etc.) that you have: |
| Image of a blank box with a red cross | None of the above  (please say why below) |
| Image of a hand holding | **Sexuality**  Please tell us what option you feel most accurately describes your sexuality: |
| Gay  Image of two men holding hands Image of two women holding hands | Heterosexual/straight  Gay man  Gay woman/lesbian  Bi-sexual |
| Image of a hand writing | Write here if you would prefer to describe your sexuality differently: |
| Image of two wedding rings | **Marital Status**  Please tell us what your current marital status is: |
| Image of a single person  Image of a couple | Single  Married  Civil Partnership  Separated  Divorced  Widowed  Living Together/Common Law Partner |
| Image of religious symbols | **Religion**  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 |
| Image of the word YesImage of a tick  An image of a church  A Hindu symbolA statue of a Buddha  The black star representing the Jewish faithA mosque  A black symbol representing the sikh faith | If you ticked “Yes” please indicate which religion or body do you identify with:  Church of Scotland  Roman Catholic  Other Christian (please specify):  Buddhist  Hindu  Jewish  Muslim  Sikh  Another religious body (please specify):  Don’t know  I don’t belong to any organised religion |
| Image of a tick  Image of the word No | 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  Other (please specify): |
| Image of a groupo of people of different ethnic backgrounds | **Ethnicity**  Please tell us about your ethnicity. |
| A picture of a person on African descent in a wheelchair pointing at himself | 1. **African, Caribbean or Black**   African, African Scottish or African British  Black, Black Scottish or Black British  Caribbean, Caribbean Scottish or Caribbean British  Other (please specify): |
| Image on a person of Asian descent | 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  Other (please specify): |
| Image of a white person | 1. **White**   Scottish  English  Irish  Northern Irish  Welsh  British  Gypsy/Traveller  Polish  Any other white ethnic group  (please specify): |
| Image of a person who could be of mixed ethnicity | D. **Mixed or multiple ethnic groups**  Any mixed or multiple ethnic groups ☐ (please specify):   1. **Other ethnic group**   Arab, Arab Scottish or Arab British ☐  Other (please specify): |
| Image of people talikng with phrases in international languages behind them | **Language**  Is English your first language?  Yes  No  If you ticked “No” what is your first language? |
| Image of a parent and child Image of two adults | **People you care for**  Do you have dependents e.g. children or adults that you provide support to?  Yes  No |
| Image of a person talking through a form with | **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 of someone using adult social care support.  I am an unpaid carer of someone unable to use adult social care support  I am a carer but I need adult social care support myself.  I have never been asked about adult social care support, but I think I need it. |
| Image of a person getting support, with pound notes  Image of a person helping another person to go shopping  A person pointing at different options on a board | **If you have used adult social care support, how was it paid for?**  Self-directed Support (SDS):  Yes  No  If you ticked “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 |
| Image of  aperson supporting another person | 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): |
| Image of a person with a packed suitcase  Image of a calendar and a person looking at their watch  A group of people doing different activities like listening to music, playing basketball and painting | **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 you receive? E.g. personal care, meals, Telecare, activities. |
| Image of a person choosing a house | **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 (shared accommodation)  Somewhere else (please tell us where): |
| Image of people supporting a person | **Who provides the adult social care support?**  The local Council  A charity, social enterprise, or voluntary organisation  A private company  I employ staff directly |
| Image of a person supporting another person | **Do you, or have you, received other adult social care services not covered by any of the options above?**  Yes  No  If you ticked “Yes” what kind of support? |
| Image of NHS staff | **Do you also receive support from your local NHS on a regular basis?**  Yes No  If you ticked “Yes” what kind of support? |
| Image of a person pointing to question marks | **Other Options:**  If you are not selected for the Policy Panel would you like us to contact you to make you aware of other opportunities with InclusionScotland?Yes  No |
| Image of a person pointing to themselves | Would you like to join Inclusion Scotland as a member for free?  Yes  No |
| A clock with a red triangle and a black background  AI-generated content may be incorrect. A calendar with a date and month  AI-generated content may be incorrect. | Please return your Application Form to Inclusion Scotland by Wednesday 16 July. |
| Image of a person writing on an envelope | **Postal address:**  **Inclusion Scotland**  **Robertson House 152 Bath St**  **Glasgow G2 4TB** |
| Image of a telephone | Telephone: 0131 370 6718 |
| Image of the word email on a laptop screen | Email: [info@inclusionscotland.org](mailto:info@inclusionscotland.org) |
| Image of the Inclusion Scotland logo  Made with Photosymbols | Made by Inclusion Scotland using Photosymbols. |