

HS2 Phase Two: West Midlands to Crewe

Draft Environmental Impact Assessment Scope and Methodology Report Consultation 2016

About you

As part of our commitment to considering diversity in the delivery of HS2 we want to understand who is responding to our consultations.

Information you give us will help us improve future engagement activities.

Completing this form is voluntary and is not a requirement for your response to be accepted. The form will not be linked to the information you have provided in your response or your name and we won't share the information with anyone else. We will use this information to provide a summary of the types of people who responded to this consultation. This summary will not identify individuals who have provided information.

Please complete the information below and return this form with your response, either by email to HS2SMRConsultation2016@arup.com or by post, using the Freepost address below.

FREEPOST HS2 SMR Consultation 2016

Please note: no additional address information is required and you do not need a stamp.

Q1. How would you describe your national identity?

<input type="checkbox"/> British	<input type="checkbox"/> Scottish	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> English	<input type="checkbox"/> Welsh	
<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Other (<i>please specify</i>) _____	

Q2. How would you describe your ethnicity?

Asian

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

Black

<input type="checkbox"/> African	<input type="checkbox"/> Carribean
<input type="checkbox"/> Other Black background (<i>please specify</i>) _____	

Mixed ethnic background

<input type="checkbox"/> Asian and White	<input type="checkbox"/> Black African and White	<input type="checkbox"/> Black Carribean and White
<input type="checkbox"/> Other Mixed background (<i>please specify</i>) _____		

White

<input type="checkbox"/> English	<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Irish
<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Scottish	<input type="checkbox"/> Welsh
<input type="checkbox"/> Other White background (<i>please specify</i>) _____		
<input type="checkbox"/> Prefer not to say		

Q3. Do you consider yourself to be a disabled person?

The Equality Act 2010 defines a disabled person as someone with a physical or mental impairment, which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

- Yes No Prefer not to say

Into which category or categories does your disability fall?
(please tick as many as apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Mobility | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Mental ill health | <input type="checkbox"/> Manual dexterity |
| <input type="checkbox"/> Learning difficulties (where a person learns in a different way i.e. someone who is dyslexic) | | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | | |

Q4. What is your gender?

- Male Female Prefer not to say

Q5. What is your religion or belief?

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> None | <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | | |

Q6. Are you married or in a civil partnership?

- Yes No Prefer not to say

Q7. What is your age?

- | | | |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 55-59 |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> Prefer not to say |

Q8. What is your sexual orientation?

Bisexual

Gay man

Gay woman

Heterosexual/straight

Prefer not to say

Data Protection

All information supplied will be held by HS2 Ltd and will remain secure and confidential and will not be associated with other details provided in your response. The data will not be passed on to any third parties or used for marketing purposes in accordance with the Data Protection Act 1998.