

The following questions are about you the applicant. They will help us (Scottish Borders Council) to ensure we act fairly and that no applicant is treated less favourably on the grounds of race, disability, gender, age, sexual orientation or religion/belief or any other grounds which cannot be justified.

All the information you provide for this Equality Questionnaire is confidential and will be stored in the strictest confidence in accordance with the Data Protection Act, and will only be used for the purpose of Planning Application Forms and for no other purpose.

*Please note there is no obligation to fill out this questionnaire

Question 1

Are you? Male Female

Question 2

What is your age? Under 18 18-24 25-34 35-44 45-55 55-64
65-74 75+

Question 3

Do you have any long-standing illness, disability or infirmity?

Mobility Sight
Impairment Impairment

Hearing Learning
Impairment Difficulties

Question 4

How would you describe your ethnic origin?

White (including British, Irish or other)

Mixed (including White & Black Caribbean, White & Black African, White & Asian or Other)

Black and British (including Caribbean, African or Other)

Chinese

Other (Please specify).....

Question 5

Do you require the accompanying forms in an alternative format and/or language?

If yes, please specify the format/language required and provide contact details.

Please return to:
Planning and Economic Development,
Scottish Borders Council, Council Headquarters,
Newtown St Boswells,
Melrose,
TD6 0SA