

Scout Association Census 2011 information collection form - To be completed by young person/parent

1. Section

Beaver Scout	Cub Scout	Scout	Explorer Scout	Network Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Sex

Female	Male
<input type="checkbox"/>	<input type="checkbox"/>

3. Age

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4. Ethnicity

What is your ethnicity/the ethnicity of your child?

A White	B Mixed/multiple ethnic groups	C Asian/Asian British	D Black/African/Caribbean/ Black British	E Other ethnic group
English/Welsh/Scottish/ Northern Irish/British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	African <input type="checkbox"/>	Arab <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>	
Gypsy or Irish Traveller <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		
		Chinese <input type="checkbox"/>		
Any other White Background (please specify below)	Any other mixed/multiple ethnic background (please specify below)	Any other Asian background (please specify below)	Any Other Black/African/Caribbean/Black British (please specify below)	Other (please specify below)

5 Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone who has or has had a physical or mental impairment which has a substantial and long-term affect on their ability to carry our normal, day-to-day activities.

Do you consider yourself/your child to have a disability?

Yes No If the answer is Yes, please specify:

Dyslexia <input type="checkbox"/>	Autistic spectrum <input type="checkbox"/>	Blind/partially sighted <input type="checkbox"/>	Deaf/hard of hearing <input type="checkbox"/>	Wheelchair user/mobility difficulties <input type="checkbox"/>
Personal care support <input type="checkbox"/>	Mental health difficulties <input type="checkbox"/>	Multiple disabilities <input type="checkbox"/>	Unseen disability eg diabetes,, epilepsy etc <input type="checkbox"/>	A disability not covered(please specify in box below

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