

If you want to be recorded as belonging to a religious group, or having a particular faith, please complete below

.....

Which languages do you speak?

.....

Fluent  Conversational

If you have a disability or special needs please indicate (if you prefer not to say leave blank)

.....

Do you have other skills that you would be happy to use when working with us? e.g. sign language

.....

In which business area would you be willing to work with us? e.g. could you help us with Diversity training, or advise us on the effects of our actions?

- Community Member
- Neighbourhood Policing
- Training
- Divisional Community Member
- Formal Independent Advice
- Strategic Planning

Would you say that you had knowledge, experience or an interest in any of the following diversity groups?

- Race  Sexual Orientation
- Faith / religion  Disability
- Gender  Age

If you would like to have this form in another language or in large print, please contact the Diversity Team on 01905 332881.

West Mercia Constabulary  
 The Diversity Team  
 Hindlip Hall  
 PO Box 55  
 Worcester  
 WR3 8SP



# Community Members Database



**WEST MERCIA**  
**CONSTABULARY**  
 TOGETHER - WORKING FOR SAFETY AND JUSTICE

West Mercia Constabulary is committed to engaging and consulting with the communities we serve. We are particularly keen to include those groups who have previously been under represented in our processes.

If you are willing to be involved in consultation exercises, or are willing to pass on knowledge and advice about how we can better serve you and your communities, we would like to hear from you.

We are building a list of people with whom we can consult. If you are prepared to be one of our Community Members, please complete the following questionnaire, and return it to the Diversity Team, Hindip Hall, PO Box 55, Worcester WR3 8SP

Title .....

First name .....

Last name .....

Greeting .....  
*how would you like your letters to be addressed?*  
*E.g. Dear Mr E A Jones*

Address : Organisation/Home (please specify) .....

.....

Post Code .....

Telephone .....

Mobile telephone .....

Fax .....

E-mail address .....

Phone details .....  
*is there anything we should know about phoning you?*  
*E.g. only phone me after 6pm*

Do you belong to an organisation that already works with the police? Yes / No  
*e.g. Race Equality Council / Local Authority*

If Yes, which one .....

Do you already work with the police? .....Yes / No

If yes, do you know the name of the police officer or police staff member you talk to?

.....

In the light of the new Age Discrimination Act, we may be undertaking age-related consultations in the future. To ensure we are consulting with a wide breadth of age groups, it would be helpful to us to know your date of birth.

DD/MM/YYYY .....

The next questions relate to how and when you may be able to work with us.

Which of the force geographical areas could you help us with?

All areas	<input type="checkbox"/>	Shropshire	<input type="checkbox"/>
South Worcs	<input type="checkbox"/>	Telford & Wrekin	<input type="checkbox"/>
North Worcs	<input type="checkbox"/>	Headquarters (Worcs)	<input type="checkbox"/>
Herefordshire	<input type="checkbox"/>		

Which day(s) would you be available to help us?

All days	<input type="checkbox"/>	Weekends	<input type="checkbox"/>
Weekdays	<input type="checkbox"/>	Other	

Are there specific times you would be available?

24 hours	<input type="checkbox"/>	Mornings only	<input type="checkbox"/>
Afternoon only	<input type="checkbox"/>	Office hours	<input type="checkbox"/>
Evening (6pm-10pm)	<input type="checkbox"/>	Other	

Do you work shifts? .....Yes / No

Do you have a preferred contact time

Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening	<input type="checkbox"/>
---------	--------------------------	-----------	--------------------------	---------	--------------------------

Do you require transport to be provided? .....Yes / No

Are there any other details you may wish to tell us about, e.g. do you need wheelchair access?

.....

Certain policies and procedures may affect some people more than others. We might therefore look to consult with particular groups in the community

The following details can be given at your discretion and will allow us to seek your opinions in specific circumstances.

**Gender**

Male	<input type="checkbox"/>	Male with transexual origin	<input type="checkbox"/>
Female	<input type="checkbox"/>	Female with transexual origin	<input type="checkbox"/>

Please indicate your Trans Identity (If relevant)

.....

**Sexual orientation** (If you prefer not to say, leave blank)

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>

**Ethnicity**

Any other	<input type="checkbox"/>	Black African Caribbean	<input type="checkbox"/>
Any other Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Black	<input type="checkbox"/>	Gypsy & Traveller	<input type="checkbox"/>
Any other Mixed	<input type="checkbox"/>	Not stated	<input type="checkbox"/>
Asian (Indian sub-continent)	<input type="checkbox"/>		
Asian Bangladeshi	<input type="checkbox"/>	White British	<input type="checkbox"/>
Asian -Indian	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Asian -Pakistani	<input type="checkbox"/>	White Other	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>

Are there any other ethnicity details you want to tell us about?

.....

.....