

**Appendix 3 - Diversity Information**

Are you responding to this survey as a..	Which organisation	Post Code:	Do you or your partner receive Council Tax Support?	Please select below which best describes your household:	Are you a member or ex-member of the armed forces?	Are you a war widow?	Age:	Do you consider yourself to have a disability?	If you are disabled, how would you describe your disability?
Resident									
Resident									
Resident		rm188rx	Yes	None of the above	No	No	Over 60	Yes	Long term medical condition
Resident									
Resident		rm191qu	Yes	A lone parent household	No	No	25 - 44	No	
Resident		Rm19 1TZ	No	A household with full and/or part time workers	No	No	25 - 44	No	
Resident		Rm17 6ss	No	A lone parent household	No	No	25 - 44	No	
Resident			No	A household with full and/or part time workers	Yes	No	45 - 59	No	
Resident		ss17 0ph	No	A single person household or a couple without children	No	No	Over 60	Yes	Long term medical condition
Resident									
Resident									
Resident		RM15 4RB	No	A single person household or a couple without children	No	No	25 - 44	No	
Resident		SS17	No	A single person household or a couple without children	No	No	45 - 59	No	
Resident				A single person household or a couple without children	No	No	Over 60	No	
Resident		RM176BU	No	A household with full and/or part time workers	No	No	45 - 59	No	
Resident		RM16 4LX	No	A household with full and/or part time workers	No	No	Over 60	Yes	Long term medical condition
Resident									
Resident		Rm191sL	No	A household that includes someone who is disabled	No	No	25 - 44	No	
Resident		RM16	No	Don't know	No	No	45 - 59	Yes	Hearing impairment;Mental health condition
Resident									
Resident									
Resident		Rm166rn	No	A household with full and/or part time workers	No	No	18 - 24	No	
Resident									
Resident									
Resident									
Resident		RM17 5YX	No	A family with one or two dependent children	No	No	25 - 44	No	
Resident		rm18 8sb	No	A household with full and/or part time workers	No	No	25 - 44	No	
Resident		L374sj	No	A family with one or two dependent children	No	No	18 - 24	No	
Resident		rm188xp	No	A household with full and/or part time workers	No	No	25 - 44	No	
Resident		rm204xp	No	A single person household or a couple without children	No	No	25 - 44	No	
Resident									
Resident		rm154el	No	A lone parent household	No	No	25 - 44	Yes	Mobility (not a wheelchair user) ;Long term medical condition ;Hidden impairment
Resident									
Resident		RM156ns	No	A household with full and/or part time workers	No	No	25 - 44	No	
Resident									
Resident									
Resident		rm188hf	Yes	A household that includes someone who is disabled	No	No	45 - 59	No	
Resident									
Resident		RM15	No	A household with full and/or part time workers	No	No	45 - 59	No	
Resident									
Resident		RM18 8YP	No	A single person household or a couple without children	No	No	45 - 59	No	
Resident			Yes	A family with one or two dependent children	No	No			
Resident									
Resident		RM176SL	No	A family with one or two dependent children	No	No	Prefer not to	No	
Resident									
Resident									
Resident									
Resident		rm19	Yes	A household with full and/or part time workers	No	No	45 - 59	Yes	side effect from surgery to remove cancer;Mental health condition
Organisation									
Organisation									
Organisation	Customer Services Advisor Thurrock Council	SS166TX	No	A household with full and/or part time workers	No	No	45 - 59	No	
Organisation	Tilbury Docks Sports and Social Association								
		Rm17 6hq	No	A lone parent household	Yes		45 - 59	Yes	Long term medical condition
					No	No	17 or under	Yes	Visual impairment