## CONSULTATION RESPONSE FORM

The questionnaire can be completed by individual stakeholders, members of the public, or on behalf of a group or organisation.

Please indicate if you are responding as:

A member of the public

On behalf of an organisation  Other (Please specify) 

Your name (optional)……………………………………………………….

Organisation’s Name (if responding on behalf of an organisation required)

…………………………………………..

If other: Please Specify

…………………………………………………………………………………………………

………………………………………………………………………………………….

Communications Consent (optional) Email:

If you wish to be added to the Board Communication emails please tick the box below and provide your email to confirm.

 Email

Please note that replying ‘yes’ we will use your contact details to provide information on the role and work of the Board and PCSPs. Our privacy notice can be found at

w ww.nipolicingboard.org.uk

# Do you broadly agree that the draft Audit of Inequalities identifies appropriate inequalities in relation to the functions of the Northern Ireland Policing Board?

 yes  no

Please state the reasons for your answer including any additional suggestions for priority areas.

# Do you broadly agree that the measures in the draft Equality Action Plan will have a positive impact on the Section 75 groups?

 yes  no

Please state the reasons for your answer:

# Do you broadly agree the action measures in the draft Disability Action Plan will have a positive impact?

 yes  no

Please state the reasons for your answer

## T hank you for completing our questionnaire.