ANNUAL CENSUS OF ACTIVE SUPPORT UNIT PERSONNEL AT JANUARY 2024

| Adults | | | | | Adults whose ma | in volunteering role | is recorded on | a different census |
|--|-------------------------|-----------------------------|--|----------------------------------|-----------------|----------------------|--------------------|--------------------|
| | Adults Male | whose main volu Female | nteering role is in Self-identify | this ASU Prefer not to say | Male | retur Female | n Self-identify | Prefer not to say |
| Support roles | maio | - Gillaio | con racinary | 1 1010. 1101.0 00.9 | muiv | Tomaio | Con racinary | |
| Active Support Managers | | | | | | | | |
| Active Support Coordinators | | | | | | | | |
| | | | | | | | | |
| Active Support Members | | | | | | | | |
| Totals | | | | | | | | |
| TOTAL: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Overall total: | | | | 0 | | | | |
| Ethnicity - Adults | | | | | | | | |
| Please include here only those ad | ults whose main | volunteering role | is in this Active | Support Unit | | | | |
| r lease ilicidde fiere offly triose ad | Male | Female | Self-identify | Prefer not to say | | | | |
| Asian or Asian British | | | | | | | | |
| Bangladeshi | | | | | | | | |
| Chinese | | | | | | | | |
| Indian | | | | | | | | |
| mulan | | | | | | | | |
| Pakistani | | | | | | | | |
| Any other Asian background | | | | | | | | |
| Black, Black British, Caribbean | or African | | | | | | | |
| African background | or Amicali | | | | | | | |
| - | | | | | | | | |
| Caribbean | | | | | | | | |
| Any other Black, Black British | | | | | | | | |
| or Caribbean background | | | | | | | | |
| White | | | | | | | | |
| English, Welsh, Scottish, Northern Irish or British | | | | | | | | |
| Gypsy or Irish Traveller | | | | | | | | |
| | | | | | | | | |
| Irish | | | | | | | | |
| Roma | | | | | | | | |
| Any other White background | | | | | | | | |
| | | | | | | | | |
| Mixed or Multiple ethnic groups White and Asian | • | | | | | | | |
| Write and Asian | | | | | | | | |
| White and Black African | | | | | | | | |
| White and Black Caribbean | | | | | | | | |
| Any other Mixed or Multiple | | | | | | | | |
| Any other Mixed or Multiple ethnic background | | | | | | | | |
| Other ethnic group | | | | | | | | |
| Arab | | | | | | | | |
| Any other ethnic group | | | | | | | | |
| | | | | | | | | |
| Other Prefer to self-describe | | | | | | | | |
| i reiei to sell-describe | | | | | | | | |
| Prefer not to say | | | | | | | | |
| Totals | | | | | | | | |
| TOTAL: | 0/0 | 0/0 | 0/0 | 0/0 | | | | |
| Religion - Adults | | | | | | | | |
| - | ledke end | and the second | | 0 | | | | |
| Please include here only those ad | ults whose main Male | volunteering role Female | s is in this Active : Self-identify | Support Unit. Prefer not to say | | | | |
| No religion | muid | · cmale | Jon-Identity | | | | | |
| No religion | | | | | | | | |
| Buddist | | | | | | | | |
| Christian | | | | | | | | |
| | | | | | | | | |
| Hindu | | | | | | | | |
| Jewish | | | | | | | | |
| Muslim | | | | | | | | |
| | | | | | | | | |
| Sikh | | | | | | | | |
| Other | | | | | | | | |
| Prefer not to say | | | | | | | | |
| <u> </u> | | | | | | | | |
| Totals | | | | | | | | |
| TOTAL: | 0 /0 | 0 /0 | 0 /0 | 0 /0 | | | | |
| Disabilities - Adults | | | | | | | | |

Please include here only those adults whose main volunteering role is in this Active Support Unit.

| Developmental e.g.ADHD, ADD, Autism Spectrum Disorder, Developr Down's syndrome, Dyspraxia, Dyslexia, Speech or la difficulties, other learning difficulties | | Injury e.g. Long term affecting body or brain injuries | | | | | |
|--|------------------------------------|---|--|------------------------------|--|--|--|
| Physical e.g. Spina bifida, other condition affecting mobility | | Medical e.g. Asthma, allergies (which may require medical intervention), cystic fibrosis, heart condition, migraines, epilepsy. | | | | | |
| Mental Health e.g. Anxiety, depression, panic attacks, history of self-disorder | harm, eating | Progressive e.g. Muscular dystropi | Progressive e.g. Muscular dystrophy, multiple sclerosis | | | | |
| Sensory e.g. Affected sight, hearing, taste or smell | | Self-describe | | | | | |
| None i.e. No disability | | Prefer not to say | | | | | |
| Additional questions | | | | | | | |
| | | | | | | | |
| Meetings | | | | | | | |
| Do you normally meet in: | Our own (| (freehold) premises | Our own (leasehold) premises | Our own (leasehold) premises | | | |
| | Other (e.g | g. rented) premises | No regular meeting place | | | | |
| Person completing the form | | | | | | | |
| | | | | | | | |
| Name | | | | * | | | |
| Appointment | | | | | | | |
| Membership number | | | | | | | |
| Telephone number | | | | | | | |
| Email | | | | | | | |
| | | | | | | | |
| Privacy Statement This form is used to collect the contact details for the person of | ompleting the form. This may l | be used should there be a need to contact v | you to clarify issues relating to the Census information that ha | as been | | | |
| added to this page. All other data is anonymised. Access to thi | is information is limited to those | e authorised in your hierarchy. | , | | | | |
| We take your personal data privacy seriously. The data you per This personal information will be removed from the Census pa | | | ata protect policy. | | | | |
| Return status | | | | | | | |
| The number of people saying Region is greater than 0%. Pleathis information. See guidance | ease verify tha | | | | | | |
| Are all | the entries in this form | a complete? Incomplete C | Complete X | | | | |
| Save char | nges | eave without saving changes | Clear form | | | | |