

# Stop Smoking Registration



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## Registration

**What is your name?**

**How old are you?**

**Why we ask this question.**

This service is only available to people aged 16 and over.

**What is the best way to keep in touch with you?**

**Contact telephone number (without gaps or spaces)**

We will need your email address to access online support services.

**Contact email address**

**What is your post code? (Without gaps or spaces)**

**Why we ask this question.**

We need to make sure we are reaching into all communities.

# About you



If you are currently in treatment for a mental health condition, we advise you to speak to your doctor as some medications prescribed for mental health conditions can be affected by quitting smoking.

## Pregnancy Status

For info: NHS Return Part 1C

**Are you currently pregnant?**  
*(please select one answer)*

- Yes .....
- No .....
- Not applicable .....

### Why we ask this question.

Specific information must be provided to mothers who are pregnant to help you and your unborn child.

For info: NHS Return Part 1E

**What is your occupation?**  
*(please select one answer)*

- Managerial .....
- Routine or manual .....
- Full-time student .....
- Retired .....
- Unable to return to work due to illness or disability .....
- Unpaid / family carer .....
- Unemployed (for over 1 year) .....

**Why we ask this question.**

We want to make sure we can support people who work in a wide range of jobs and settings.

## About your quit journey

**Are you ready to give up smoking now?**

*(please select one answer)*

Yes .....

No .....



### **If you are unsure**

- It's really important you are prepared to give up smoking - for good.
- To help you make up your mind, visit our Stop Smoking pages on our Health Portal at <http://health.bracknell-forest.gov.uk/stop-smoking/>
- Then, come back to us when you are feeling ready.

### **If you are ready, think about online support**

Our Facebook Stop Smoking Support Group:

- is a closed group moderated by our smoking advisors
- will offer lots of support, motivation, ideas and advice during your stop smoking journey
- will be available to you through your mobile or tablet



**Would you like to join the Facebook support group?**

*(please select one answer)*

Yes - invite me by email .....

No - not yet .....

**What about a local support group?**

- Small groups of people on a journey to stop smoking
- Run by our smoking advisors
- More structured support and advice



**Would you be interested in a local support group in the Bracknell Forest area?**

*(please select one answer)*

Yes - send me details of local groups .....

No - not yet .....

**If you wish to join a group, make sure you have given us your email address above.**



## **HIP Admin**

# EQUALITIES MONITORING FORM

We want to make sure that everyone can access the services they need. By completing these questions, you will help us to see if there are differences between the views of different groups and needs within our community.

All the information you give will be kept in compliance with the Data Protection Act 1998. Providing this information is optional. You can answer any or all questions.

### Are you?

For info: NHS Return Part 1B

*(please select one answer)*

Male .....  Female .....  Other .....

### Age

For info: NHS Return Part 1B

*(please select one answer)*

- Under 18 .....
- 18-24 .....
- 25-34 .....
- 35-44 .....
- 45-54 .....
- 55-59 .....
- 60-64 .....
- 65-74 .....
- 75-84 .....
- 85+ .....

For info: NHS Return Part 1A

**To which of these groups do you consider you belong?**

*(please select one answer)*

**White**

- English/Welsh/Scottish/ Northern Irish/British* .....
- Irish* .....
- Gypsy/Irish Traveller* .....
- Showpeople/Circus* .....
- Any other White background* .....

**Mixed**

- White & Black Caribbean* .....
- White & Black African* .....
- White & Asian* .....
- Any other Mixed background* .....

**Asian or Asian British**

- Indian* .....
- Pakistani* .....
- Nepali* .....
- Bangladeshi* .....
- Chinese* .....
- Filipino* .....
- Any other Asian background* .....

**Black or Black British**

- African* .....
- Caribbean* .....
- Any other Black background* .....

**Arab/ Other Ethnic Group**

- Arab* .....
- Other ethnic group* .....

**Other, please specify**

**Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?**

*(please select one answer)*

Yes .....  No .....

**Are your day-to-day activities limited because of your health problem or disability?**

*(please select one answer)*

Yes .....  No .....

**How would you describe your religion / belief?**

*(please select one answer)*

None .....

Christian (all Christian denominations) .....

Buddhist .....

Jewish .....

Hindu .....

Muslim .....

Sikh .....

Other .....

**Other, please specify**

**How would you describe your sexual orientation?**

*(please select one answer)*

Heterosexual / straight .....

Gay man .....

Lesbian / gay woman .....

Bisexual .....

Prefer not to say .....

**Thank you very much for completing this form.**



Copies of this booklet may be obtained in large print, Braille, on audio cassette or in other languages. To obtain a copy in an alternative format please telephone 01344 352000

### **Nepali**

यस प्रचारको सक्षेपं वा सार निचोड चाहिं दिइने छ ठूलो अक्षरमा, ब्रेल वा क्यासेट सून्नको लागी । अरु भाषाको नक्कल पनि हासिल गर्न सकिने छ । कृपया सम्पर्क गनुहोला ०१३४४ ३५२००० ।

### **Tagalog**

Mga buod/ mga hango ng dokumentong ito ay makukuha sa malaking letra, limbag ng mga bulag o audio kasette. Mga kopya sa ibat-ibang wika ay inyo ring makakamtan. Makipag-alam sa 01344 352000

### **Urdu**

اس دستاویز کے خلاصے یا مختصر متن جلی حروف، بریل لکھائی یا پھر آڈیو کیسٹ پر ریکارڈ شدہ صورت میں فراہم کئے جا سکتے ہیں۔ دیگر زبانوں میں اس کی کاپی بھی حاصل کی جا سکتی ہے۔ اس کے لیے براہ مہربانی ٹیلیفون نمبر 01344 352000 پر رابطہ کریں۔

### **Polish**

Streszczenia lub fragmenty tego dokumentu mogą być dostępne w wersji napisanej dużym drukiem, pismem Brajla lub na kasecie audio. Można również otrzymać kopie w innych językach. Proszę skontaktować się z numerem 01344 352000.

### **Portuguese**

Podemos disponibilizar resumos ou extractos deste documento em impressão grande, em Braille ou em audiocassete. Podem também ser obtidas cópias em outros idiomas. Por favor ligue para o 01344 352000.

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