**Sharing Your Views**

**Feedback Sheet**

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| **Topic or Activity Name**  | *Draft Policy for Transport and Assisted Travel in Adult Social Care* |
| **Date of Feedback** |  |
| **Your Name (OPTIONAL)** |  |

**East Lothian Health and Social Care Partnership is collecting community feedback on the draft** *Policy for Transport and Assisted Travel in Adult Social Care* **You are invited to offer us your thoughts, experiences and suggestions.**

**Out of respect for privacy, please don’t share any information that could identify someone else.**

**Do not share sensitive information about yourself or others on this form. What a person considers sensitive varies person to person, but could include medical diagnoses, your address, some personal experiences etc.**

**Please send your completed form to** **ccsat@eastllothian.gov.uk**

1. Do you have any **positive feedback** to share about the draft *Policy for Transport and Assisted Travel in Adult Social Care*
2. Do you have any **negative feedback** to share about the draft *Policy for Transport and Assisted Travel in Adult Social Care?*
3. Is there anything you would like to raise in relation to equality?

This could be:
Access for people with different physical, mental or sensory needs

* Related to discrimination or unequal treatment
* Related to fairness or equality of opportunity
* Human rights (UNCHR)
* Childrens rights (UNCRC)
1. Is there anything else you would like to share with us about the draft *Policy for Transport and Assisted Travel in Adult Social Care*?
2. Would you like to receive a summary of the feedback received the draft *Policy for Transport and Assisted Travel in Adult Social Care* if one is made? Please give your email or postal address and any communication needs you have (e.g. large font, BSL, braille, languages other than English).

**Thank you for sharing you views with East Lothian Health and Social Care.**

**We will store your response in line with the principles of good data management (GDPR).**

**You have a right to request a copy of your response from us or ask us to delete your contribution. Please contact the person whose name appears at the start of the form for more information or to make a request.**