

Your experience as Councillor

1. How long have you served as a Councillor for Cardiff?

- 0 - 2 years
- 2 -5 years (1 term)
- 6 -7 years
- 8 - 10 years (2 terms)
- 10 years or more (3 terms or more)

2. What roles or positions have you held during your term in office? (Please tick all that apply)

- Leader
- Deputy Leader
- Leader of the Opposition
- Cabinet Member
- Committee Chair
- Scrutiny Committee Member
- Member of Other Council Committees
- Lord Mayor/Chair or Deputy Mayor/Deputy Chair of Council
- Other (please specify)

Your experience as Councillor

3. Are you standing for re-election after your current term in office?

- Yes
- No
- Don't know or Unsure

Reasons for standing down

4. If No, what are your reasons for standing down as an elected Member? (Please tick all that apply).

- Retirement
- Changes to employment
- Moving away
- Ill health
- Caring responsibilities
- Work-life balance/Time pressures
- Changing role of Councillors
- Inadequate remuneration
- Dissatisfaction with role as Councillor
- Other (please specify)

Your experience as Councillor

5. What changes or improvements should be put in place to discourage elected Members from standing down?

6. What have you enjoyed most about being a Councillor for Cardiff?

7. What have you least enjoyed about being a Councillor?

On the support you have recieved

8. What additional support or assistance would have been useful in helping you to fulfil the various roles that you have as an elected Member of the Council?

9. How useful was the induction and training provided to you as a Councillor?

Very Useful

Useful

Not Useful

Not Very Useful

Don't Know/Unsure

10. What other induction and/or training opportunities should have been made available during your term in office?

Support from your Political Group

11. Which Group are you a member of?

- Conservatives
- Labour
- Liberal Democrats
- Plaid Cymru
- Independent/Other (in group)
- Independent/Other (no group)
- Other (please specify)

12. Do you feel that your Group had provided you with sufficient support to effectively fulfil your role as Councillor?

- Yes
- No
- Not Sure

Additional support from Group

13. What other types of additional support should your Group provide its members?

Knowledge and/or experience of bullying

14. During your term in office, have you personally experienced any of the following unacceptable behaviours?

	Yes	No
Bullying	<input type="radio"/>	<input type="radio"/>
Discriminatory Behaviours	<input type="radio"/>	<input type="radio"/>

Other (please specify)

15. Have you witnessed any of the following unacceptable behaviours displayed to others?

	Between Councillors	Between Councillors and Officers	Did not witness this behaviour
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discriminatory Behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

16. Did you report the incident at the time?

- Yes
- No

Reason for not reporting incident

17. If No, why did you not report the incident?

Reporting the incident

18. Whom did you report the incident to?

Monitoring Officer

Group Leader

Group Whip

Other (please specify)

19. When you reported the incident, were you satisfied with how this was dealt with?

Yes

No

20. If No, please elaborate

21. What do you think should be done to stop or prevent bullying and discriminatory behaviours from happening in the future?

Monitoring Information

22. Are you:

- Female
- Male
- Male - to - Female (M - t - F)
- Female - to - Male (F - t - M)
- Prefer not to say

23. How old are you?

- Under 24 years old
- 25 - 34 years old
- 35 - 44 years old
- 45 - 54 years old
- 55 - 64 years old
- 65+ years old
- Prefer not to say

24. Do you identify yourself as a disabled person?

Identifying as a disabled person can include people with hearing or sight impairments, people with mental health difficulties or learning disabilities, people with mobility impairments, or those who have long-term health conditions, for example: depression, diabetes, asthma, multiple sclerosis, HIV or cancer.

- Yes
- No
- Prefer not to say

25. Are you:

- White
- Mixed/Multiple Ethnic Groups
- Asian/Asian British
- Black/African/Caribbean/Black British
- Prefer not to say
- Other ethnicity (please specify)

26. What is your religion?

- Christian (all denominations)
- Buddhist
- Hindu
- Sikh
- Muslim
- Jewish
- No religion
- Prefer not to say
- Other (please specify)

27. What is your sexual orientation?

- Heterosexual/straight
- Gay man
- Gay woman or lesbian
- Bisexual
- Prefer not to say
- Other (please specify)

28. Please state your name in the space provided below:

(We would like to assure you that your responses to the questions on this survey will be treated as confidential. The reporting of the findings from this survey will also be anonymised and will not identify you.)