

Equality & Diversity Monitoring Form

Produced by: Scottish Federation of Housing Associations,
Glasgow and West of Scotland Forum of Housing Associations,
Association of Local Authority Chief Housing Officers and Scottish Housing Regulator

Information for those completing the form

Why are we asking for equality information?

We collect equality information to meet our obligations in respect of law and regulatory requirements.

What do we do with equality information?

We use equality information for a range of purposes, including to help us to:

- ◆ protect and promote your rights and interests;
- ◆ promote equality objectives across our services;
- ◆ identify and address our customers' needs, and improve our services; and
- ◆ identify and eliminate any form of discrimination.

Do you need to answer every question?

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us. You can complete some questions and not others or you can complete parts of questions. The form has space for you to tell us more about your needs if you want.

We may ask for some information in other forms where this is required by law. For example, where we need to know your age if you are applying for a home as only those over 16 years old can be registered on our housing list.

How do we process your equality information?

We process equality information strictly in line with data protection law, including by:

- ◆ processing your equality data confidentially;
- ◆ restricting access only to relevant staff members;
- ◆ retaining equality information only as long as necessary;
- ◆ sharing data only as lawfully permitted; and
- ◆ destroying data securely.

Who do we gather equality information about?

We gather equality information from:

- ◆ people who apply for a home;
- ◆ tenants;
- ◆ people who apply for a job with us;
- ◆ our employees; and
- ◆ board and committee members.

Other formats

We can provide this document in alternative formats, such as large print, audio tape, Braille and community languages. For more information to help you to complete this form, email mail@hjaltland.org

Name	
First Name	<input type="text"/>
Surname	<input type="text"/>
Age	
What is your date of birth?	<input type="text"/> (DD/MM/YYYY)
or	16 - 24 25 - 34 35 - 44 45 - 54 55 - 65 65 + Prefer not to say
Tick the band for your age	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<i>Note: We may request a specific date of birth in certain forms when this is required in law. For example, we need to know the age of housing applicants as a person can only be registered on our housing list/register if the person is 16 years of age.</i>
Sex	Female Male Intersex <input type="checkbox"/> Prefer not to say
Please use the space to advise us if you have any particular requirements.	<input type="text"/>
	<input type="checkbox"/> Please tick here if you wish to discuss this matter in confidence





Marriage and Civil Partnership

Are you presently married?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you presently in a civil partnership?

<input type="checkbox"/>	<input type="checkbox"/>
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Prefer not to say

Please use the space to advise us if you have any particular requirements.

Please tick here if you wish to discuss this matter in confidence

Sexual Orientation

What is your sexual orientation?

<input type="checkbox"/> Heterosexual / Straight	<input type="checkbox"/> Bi / Bisexual
<input type="checkbox"/> Gay Man	<input type="checkbox"/> Lesbian
<input type="text"/> Other	

Prefer not to say

Please use the space to advise us if you have any particular requirements.

Please tick here if you wish to discuss this matter in confidence

Gender Re-Assignment (Trans/Transgender)

Do you consider yourself to be a trans person?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Prefer not to say

Please use the space to advise us if you have any particular requirements.

Please tick here if you wish to discuss this matter in confidence

Pregnancy and Maternity

Are you pregnant?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you taken maternity or paternity leave in the past year?

<input type="checkbox"/>	<input type="checkbox"/>
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Prefer not to say

Please use the space to advise us if you have any particular requirements.

Please tick here if you wish to discuss this matter in confidence

Belief or Religion

Please tick the box which best describes your belief or religion?

- | | | | | | |
|--------------------------|---|--------------------------|--------------------|--------------------------|----------|
| <input type="checkbox"/> | Catholic | <input type="checkbox"/> | Buddhism | <input type="checkbox"/> | Islam |
| <input type="checkbox"/> | Protestant | <input type="checkbox"/> | Judaism | <input type="checkbox"/> | Hinduism |
| <input type="checkbox"/> | <input type="text"/> | | Other Christianity | <input type="checkbox"/> | Sikhism |
| <input type="checkbox"/> | <input type="text"/> | | | | |
| <input type="checkbox"/> | Other religion (<i>please state what this is</i>) | | | | |
| <input type="checkbox"/> | No specific belief in religion (<i>for example, Atheism or Agnosticism</i>) | | | | |
| <input type="checkbox"/> | Other belief (<i>for example, Humanism</i>) | | | | |
| <input type="checkbox"/> | Prefer not to say | | | | |

Please use the space to advise us if you have any particular requirements.

Please tick here if you wish to discuss this matter in confidence

Disability

Are you a disabled person?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please tick the box which category you would use from the following list:

- | | | |
|----------------------------------|--------------------------|---|
| Autoimmune | <input type="checkbox"/> | (<i>for example, Multiple Sclerosis, HIV, Crohn's / Ulcerative Colitis</i>) |
| Learning difficulties | <input type="checkbox"/> | (<i>for example, Down's Syndrome</i>) |
| Mental health issue | <input type="checkbox"/> | (<i>for example, Depression, Bi-polar</i>) |
| Neuro-divergent condition | <input type="checkbox"/> | (<i>for example, Autistic Spectrum, Dyslexia, Dyspraxia</i>) |
| Physical impairment | <input type="checkbox"/> | (<i>for example, Wheelchair-user, Cerebral Palsy</i>) |
| Sensory impairment | <input type="checkbox"/> | Hearing impairment |
| Sensory impairment | <input type="checkbox"/> | Visual impairment |

Other:

If none of the categories above apply to you, please specify the nature of your impairment

Prefer not to say

Please use the space to advise us if you have any particular requirements.

Please tick here if you wish to discuss this matter in confidence





Ethnicity

Please tick the box that best describes your particular ethnic group:

African

African, African Scottish or African British

Other African background (*please specify*)

Asian, Scottish Asian or British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Indian, Indian Scottish or Indian British

Pakistani, Pakistani Scottish or Pakistani British

Chinese, Chinese Scottish or Chinese British

Other Asian background (*please specify*)

Black or Caribbean

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other Caribbean or Black background (*please specify*)

Mixed groups

Mixed or multiple ethnic group (*please specify*)

White

English

Scottish

Welsh

Irish

Polish

Roma

Other British

Gypsy Traveller

Other group (*please specify your ethnic group*)

Please use the space to advise us if you have any particular requirements.

Prefer not to say

Please tick here if you wish to discuss this matter in confidence

General

Please mark this box if there are any issues that you want to discuss with us in confidence



Glasgow and West of Scotland
Forum of Housing Associations



Scottish Housing
Regulator

ALACHO
ASSOCIATION OF LOCAL AUTHORITY CHIEF HOUSING OFFICERS



Scottish Federation of
Housing Associations

We are housing Scotland