

Equality Data Collection Form: Tenants/Housing Applicants



Information for those completing the form

Why are we asking for equality information?

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations.

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
- provide anonymised statistics to the Scottish Housing Regulator if required. (You cannot be identified from the statistics.)

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.

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;
- board and committee members; and
- elected members (in case of local authorities)

Other formats: We can provide this document in Easy Read/Large Print, and more information to help you to complete the form is available by contacting our Reception on 0131 447 9027.

Please tick which category you fall into:

| | |
|--------------------------|--|
| Tenant | |
| Housing Applicant | |

Name

| | |
|----------|--|
| Name | |
| Address | |
| Postcode | |

Age

| | |
|---|--|
| What is your date of birth? (DD/MM/YYYY) | |
| (We need this to ensure we are correctly identifying you) | |

| | | | | |
|-----------------------------------|-------|--|-------|--|
| Please tick the band for your age | 16–24 | | 25–34 | |
| | 35–44 | | 45–54 | |
| | 55–65 | | 65+ | |
| Prefer not to say | | | | |

Belief or religion

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

| | |
|--|------------|
| Buddhism | |
| Christianity | |
| Catholic | Protestant |
| Hinduism | Other |
| Islam | |
| Judaism | |
| Sikhism | |
| Other religion (please state what this is) | |
| No specific belief in religion (for example, atheism or agnosticism) | |
| Other belief (for example, humanism) | |
| Prefer not to say | |

Please use the space below to tell us about any particular requirements relating to your beliefs or religion:

| | |
|--|--|
| Please tick here if you want to discuss this matter in confidence: | |
|--|--|

Disability

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Are you a disabled person? Please tick | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

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

| | |
|--|--------------------------|
| Autoimmune (for example, multiple sclerosis, HIV, Crohn's/ulcerative colitis) | <input type="checkbox"/> |
| Learning difficulties (for example, Down's Syndrome) | <input type="checkbox"/> |
| Mental health issue (for example, depression, bi-polar) | <input type="checkbox"/> |
| Neuro-divergent condition (for example, autistic spectrum, Dyslexia, dyspraxia) | <input type="checkbox"/> |
| Physical impairment (for example, wheelchair-user, cerebral palsy) | <input type="checkbox"/> |
| Sensory impairment – hearing impairment | <input type="checkbox"/> |
| Sensory impairment – visual impairment | <input type="checkbox"/> |
| Other: If none of the categories above apply to you, please specify the nature of your impairment. | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

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

| | |
|---|--------------------------|
| Please tick here if you want to discuss this matter in confidence | <input type="checkbox"/> |
|---|--------------------------|

Ethnicity

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

African

| | |
|--|--------------------------|
| African, African Scottish or African British | <input type="checkbox"/> |
| Other African background (please specify) | <input type="checkbox"/> |

Asian, Scottish Asian or British

| | |
|--|--------------------------|
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British | <input type="checkbox"/> |
| Indian, Indian Scottish or Indian British | <input type="checkbox"/> |
| Pakistani, Pakistani Scottish or Pakistani British | <input type="checkbox"/> |
| Chinese, Chinese Scottish or Chinese British | <input type="checkbox"/> |
| Other Asian background (please specify) | <input type="checkbox"/> |

Black or Caribbean

| | |
|--|--------------------------|
| Caribbean, Caribbean Scottish or Caribbean British | <input type="checkbox"/> |
| Black, Black Scottish or Black British | <input type="checkbox"/> |
| Other Caribbean or Black background (please specify) | <input type="checkbox"/> |

Mixed groups

| | |
|---|--------------------------|
| Mixed or multiple ethnic group (please specify) | <input type="checkbox"/> |
|---|--------------------------|

White

| | |
|--|--------------------------|
| English | <input type="checkbox"/> |
| Gypsy Traveller | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| Polish | <input type="checkbox"/> |
| Roma | <input type="checkbox"/> |
| Scottish | <input type="checkbox"/> |
| Welsh | <input type="checkbox"/> |
| Other British | <input type="checkbox"/> |
| Other group (please specify your ethnic group) | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

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

| | |
|---|--------------------------|
| Please tick here if you want to discuss this matter in confidence | <input type="checkbox"/> |
|---|--------------------------|

Marriage and civil partnership

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are you presently in a civil partnership? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you presently married? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Prefer not to say | | | | <input type="checkbox"/> |

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

Please tick here if you want to discuss this matter in confidence:

Pregnancy and maternity

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are you pregnant? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you taken maternity or paternity leave in the past year? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Prefer not to say | | | | <input type="checkbox"/> |

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

Please tick here if you want to discuss this matter in confidence:

Sex

| | | | | | | |
|-------------------|--------|--------------------------|------|--------------------------|----------|--------------------------|
| What is your sex? | Female | <input type="checkbox"/> | Male | <input type="checkbox"/> | Intersex | <input type="checkbox"/> |
| Prefer not to say | | | | | | <input type="checkbox"/> |

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

Please tick here if you want to discuss this matter in confidence:

Gender re-assignment (trans/transgender)

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Do you consider yourself to be a trans person? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Prefer not to say | | | | <input type="checkbox"/> |

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

| | |
|--|--------------------------|
| Please tick here if you want to discuss this matter in confidence: | <input type="checkbox"/> |
|--|--------------------------|

Sexual orientation

What is your sexual orientation?

| | |
|-----------------------|--------------------------|
| Bisexual | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> |
| Heterosexual/straight | <input type="checkbox"/> |
| Lesbian/ gay woman | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

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

| | |
|--|--------------------------|
| Please tick here if you want to discuss this matter in confidence: | <input type="checkbox"/> |
|--|--------------------------|

General

| | |
|--|--------------------------|
| Please mark this box if there are any issues that you want to discuss with us in confidence: | <input type="checkbox"/> |
|--|--------------------------|

Consent

I give my explicit consent for Ark Housing Association to collect and process the data provided voluntarily by myself on this form. I understand that the data will be used to help Ark Housing Association plan and deliver effective services, prevent discrimination, promote equality objectives and address my needs. The data provided on this form will only be shared anonymously or with my explicit consent. I have been advised that I may withdraw my consent to the processing of this data at any time by contacting the address below.

| | |
|-----------------------|--|
| Name (printed) | |
| Signature | |
| Date | |

What to do now

Please post, email or return this form to:

Ark Housing Association
 The Priory
 Canaan Lane
 Edinburgh
 EH11 1SU

Email: housing@arkha.org.uk

If you wish to discuss any issues in confidence...

If you have indicated that you wish to discuss any issues with us in confidence, we will get in touch. Please ensure that we have your preferred contact details:

| | |
|-----------|--|
| Your Name | |
| Address | |
| Postcode | |
| Telephone | |
| Email | |

Privacy Notice

For more details about how Ark Housing Association processes your personal data, please see our Privacy notice at: www.arkha.org.uk

| | |
|---|----------------------------|
|    | <p>arkha.org.uk</p> |
| <p>Ark People Housing Care</p> | |