



Initial:	Surname:
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Ref:

Housing Application Form

Ark Housing Association Limited
Ground Floor
West Suite
Lochside House
3 Lochside Way
Edinburgh Park
Edinburgh
EH12 9DT

Scottish Housing Regulator No HEP66
Scottish Charity No.: SC015694
Co-operative and Community Benefit Society Act No: 1899r(s)

If you need this document translated into Braille, large print, audio tape or another language, please contact us by one of the methods below:

Jeśli potrzebujesz tego dokumentu przetłumaczonego na brajl, duży druk, taśmę audio lub inny język, skontaktuj się z nami za pomocą jednej z poniższych metod:

Jei jums reikia šio dokumento išversti į Brailio raštą, spausdinti dideliu šriftu, garso juostą ar kitą kalbą, susisiekite su mumis vienu iš šių būdų:

如果您需要将本文档翻译成盲文，大字体，录音带或其他语言，请通过以下方法之一与我们联系：

إذا كنت بحاجة إلى ترجمة هذا المستند إلى طريقة برايل أو طباعة كبيرة أو شريط صوتي أو لغة أخرى ، فيرجى الاتصال بنا بإحدى الطرق التالية:

اگر آپ کو اس دستاویز کو بریل ، بڑے پرنٹ ، آڈیو ٹیپ یا کسی دوسری زبان میں ترجمہ کرنے کی ضرورت ہے تو ، براہ کرم ذیل میں سے کسی ایک طریقہ سے ہم سے رابطہ کریں:

আপনার যদি এই ডকুমেন্টটির ব্রেল, বড় মুদ্রণ, অডিও টেপ বা অন্য কোনও ভাষায় অনুবাদ করা প্রয়োজন হয় তবে দয়া করে নীচের একটি পদ্ধতির মাধ্যমে আমাদের সাথে যোগাযোগ করুন:

Si necesita traducir este documento al Braille, letra grande, cinta de audio u otro idioma, contáctenos por uno de los siguientes métodos:

Phone:	0131 478 8143
E-mail:	customer.services@arkha.org.uk

PLEASE REMEMBER TO INCLUDE ANY SUPPORTING DOCUMENTS WITH YOUR APPLICATION, SUCH AS: Homeless Assessment letter, Medical forms, MATB1

PROCESSING OF YOUR PERSONAL INFORMATION

You will have been issued a **PRIVACY NOTICE** with this application form.

Please read this carefully as it tells you how we deal with the Information that you provide on the form.

If you provide information about other members in your household, or other family members who may not become part of your household, (for example if you give us details of a family member that you may need to move near to), you must also let them see a copy of the PRIVACY NOTICE.

If they have any concerns about the data that we will be processing they should make us aware of this in writing, otherwise we will assume that they have consented to us processing their data.

If you have any dependent children under the age of 12, by signing the declaration form you are agreeing to us processing their information.

APPLICANTS' PERSONAL DETAILS

Please give details of the person (s) whom will become the tenant / joint tenant if an offer of housing is made:

	APPLICANT	JOINT APPLICANT
Title		
First Name(s)		
Last Name		
Maiden name or Previous name(s)		
Date of Birth		
National Insurance Number		
Current address		
	Postcode:	Postcode:
Telephone number (including dialling code)		
Mobile number		
E-mail address		
Relationship to applicant		

Please state how many bedrooms you think your household needs.

HOUSEHOLD MEMBERS

Please give details of all the people who will live with you, if rehoused. Please include any children whom you have access arrangements for.

Name	Relationship to you	Date of birth	Sex	Does this person live with you now	Child access
				Yes / No	Yes / No

AREAS TO BE CONSIDERED

Please tell what area(s) you wished to be housed in.

Region	Area	Supported Accommodation Available	Please tick	General needs accommodation available	Please tick
Aberdeen	Aberdeen	YES		YES	
Aberdeenshire	Fraserburgh	YES		YES	
	Inverurie	YES			
	Macduff	YES		YES	
	Peterhead	YES			
	Portlethen	YES		YES	
Angus	Arbroath	YES			
	Forfar	YES		YES	
Clackmannanshire	Alloa	YES			
East Lothian	Musselburgh	YES		YES	
Falkirk	Grangemouth	YES		YES	
Fife	Cardenden	YES			
	Dunfermline	YES		YES	
	Glenrothes	YES		YES	
	St Andrews	YES			
Midlothian	Dalkeith	YES		YES	
	Loanhead	YES			
	Penicuik			YES	
Moray	Buckie	YES		YES	
	Forres	YES		YES	
Perth & Kinross	Blairgowrie	YES			
	Perth	YES		YES	
Scottish Borders	Hawick	YES			
	Peebles	YES		YES	
West Lothian	Linlithgow	YES			
	Livingston	YES		YES	
	Uphall			YES	

1.00 If we contact or visit you, do we need an interpreter or someone to help with communication?

YES

NO

1.01 If **YES**, what language or other help do you require?

2.00 Does the applicant(s) need anyone else to act on their behalf?

YES

NO

2.01 If **YES**, is this a legally appointed Welfare Guardian?

YES

NO

2.02 If **YES** provide the details below:

	APPLICANT	JOINT APPLICANT
Name		
Address		
	Postcode:	Postcode:
Telephone Number		
E-mail address		

2.03 If **YES**, has a **copy of the Guardian Order** been provided?

YES

NO

2.04 If **NO**, please provide details below of who you wish to act on your behalf:

	APPLICANT	JOINT APPLICANT
Name		
Address		
	Postcode:	Postcode:
Contact Telephone		
E-mail Address		
Relationship to Applicant		

3.00 Do you want letters sent to a different address?

YES NO

03.01 If YES, please provide the address details below.

4.00. We are required to establish whether a person qualifies for public assistance. Please complete the following sections:

Is the applicant a UK resident?

YES NO

Is the joint applicant a UK resident?

YES NO

4.01 If NO, what of the following applies?

	APPLICANT	JOINT APPLICANT
Indefinite leave to remain in the UK		
Limited leave to remain in the UK		
Refugee status in the UK		
Humanitarian or discretionary leave to remain in the UK		
Visa Restrictions		

4.02 Please provide more details below and written evidence where applicable?

5.00 Are you or anyone on this application required to be **REGISTERED** with the **POLICE** under the **SEXUAL OFFENCES ACT 2003**?

YES

NO

5.01 If **YES**, please give the full name of the person(s).

6.00 Please tell us if any of the following apply to you, or anyone on this application.

6.01 Have you/they been employed by Ark Housing Association in the past 12 months?

YES

NO

6.02 Are you/they related to, or friends with, a member of staff working with Ark Housing or Ark Care & Support?

YES

NO

6.03 Are you/they related to, or friends, with a Board member?

YES

NO

6.04 If **YES**, please provide the names of the person on the application and the details.

Employment Period and Job Role	
Ark Staff/ Board Member name	Relationship to you

7.00 Do you have ACCESS TO CHILDREN whom spend time with you in your house?

YES

NO

7.01 If YES, please provide details of the access arrangements below:

Name	Details of whether the children stay overnight and the number of times each week

7.02 If YES, has written confirmation of access arrangements been provided?

YES

NO

8.00 Are any members listed on the application expecting a baby?

YES

NO

8.01 If YES, please provide the name of the person expecting.

8.02 If YES, please provide the expected due date.

8.03 Has the MATB1 Form been provided?

YES

NO

Once the baby is born, please get in touch with us to provide the baby's details.

9.00 Are there any other people currently living with you who **will not** move with you if you are rehoused?

YES

NO

09.01 If **YES**, please provide details below:

Name	Relationship to you

CURRENT HOUSING DETAILS

10.00 Please tell us about the type of accommodation you currently live in.

Bungalow	<input type="checkbox"/>
Detached house	<input type="checkbox"/>
Semi –detached house	<input type="checkbox"/>
Terraced House	<input type="checkbox"/>
Flat	<input type="checkbox"/>
Room in a shared property	<input type="checkbox"/>

10.01 Please tell us how many bedrooms are in the property.

Number of bedrooms	<input type="text"/>
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10.02 If you live in a Flat tell us how **many floors** are in the building and **which floor** your flat is on.

Floors in Building	<input type="text"/>
Floor of Flat	<input type="text"/>

10.03 Do you, or the person you are applying with, currently own a home or rent a home

YES

NO

10.04 If **YES**, please tick the box that applies:

Home Owner	<input type="checkbox"/>
Rent from a Council	<input type="checkbox"/>
Rent from a Housing Association/Co-operative	<input type="checkbox"/>
Rent from a Private Landlord	<input type="checkbox"/>
Owner within a Share Ownership/Shared Equity Scheme	<input type="checkbox"/>
Other	<input type="checkbox"/>

10.05 If you own a property please give us details of the Mortgage Company/Sharing Company and their address.

Name: Address:

10.06 If you live in a shared property, please tell which areas you share with others eg. Kitchen/bathroom/dining room

--

10.07 Do you currently have any pets living with you?

YES

NO

10.08 If YES, please tell us what type of pets/how many you have.

--

11.00 Do you live in temporary accommodation?

YES

NO

11.01 If YES, please tell us about the type of accommodation you are currently living in.

Bed & Breakfast	
Council provided temporary accommodation	
Hospital	
Hostel	
Prison	
Residential Care / Supported accommodation for adults	
Residential Care/ Supported accommodation for children	
Sleeping Rough	
Student accommodation	
With parents/relatives/friends	
Other	
If OTHER - Please tell us what type of accommodation you are living in:	

12.00 If you have lived at your current address for less than **THREE** years please list the addresses/dates where else you have lived. We need **THREE** years address history.

Dates	From:	To:
Address	Postcode:	
Name of person(s) on the tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Dates	From:	To:
Address	Postcode:	
Name of person(s) on the tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Dates of Tenancy	From:	To:
Tenancy Address	Postcode:	
Name of person(s) on the tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Dates of Tenancy	From:	To:
Tenancy Address	Postcode:	
Name of person(s) on the tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Please continue on an extra sheet if necessary.

13.00 Do you or anyone detailed in this application form currently rent or own **ANY OTHER** property other than the one you are currently living in?

YES

NO

13.01 If **YES**, please provide details below:

Address	
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14.00 Are any outstanding rent arrears or rechargeable costs at any of the addresses that you have listed?

YES

NO

14.01 If yes, please give details below, including any repayment agreements that might be in place.

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15.00 Has anyone ever taken action against you or anyone on your application for anti-social behaviour?

YES

NO

15.01 If **YES**, please provide details below:

Name of person	
Date of action	

15.02 What was the outcome of the action taken?

Court Action leading to eviction	<input type="checkbox"/>
Court Action leading to an Anti-social behaviour Order granted	<input type="checkbox"/>
Less formal action such as a written warning	<input type="checkbox"/>

We will seek information about your current or previous tenancies from the Landlord before offering you a property.

If you do not inform us of any information that we later are provided in a reference you may lose the property that has been allocated to you.

16.00 Do you, or anyone on the application, have any of the following:

16.01	Mental Health Problems	
16.02	A learning disability	
16.03	A physical disability	
16.04	Hearing difficulties	
16.05	Blind/partially sighted	
16.06	Autism	

16.07 If **YES**, What is the name of the person(s) in your household who has a health or disability.

16.08 Please describe below why your current property is unsuitable.

16.09 Because of the health/medical condition do you fall into one of the following categories?

In hospital with a severe health or mobility problem and they are unable to return to the current home as it would pose a danger to them.	<input type="checkbox"/>
In a property which is first floor or above, with a severe health or mobility problem and they are house bound. There is a need to move to a ground floor home because the property cannot be adapted.	<input type="checkbox"/>
In a property with a severe health or mobility problem which restricts daily activities in your home, but the property could be adapted.	<input type="checkbox"/>

16.10 Because of health/medical reasons do any of the following apply?

Needs to uses a wheelchair and the property is not suitable	<input type="checkbox"/>
Using walking aids and needs ground floor accommodation	<input type="checkbox"/>
Needs a wet floor shower area	<input type="checkbox"/>
Needs a level access shower area	<input type="checkbox"/>
Needs ramp access to the property	<input type="checkbox"/>

16.11 Please provide any other details about the health/mobility issue and how this makes your current property unsuitable.

17.00 Are you, or anyone on the application, living in an emergency care home, which is not appropriate for your/their needs?

YES

NO

17.01 If **YES**, please choose which one of the following apply.

You are supported in a children's residential setting but because of your age need to move into adult services	<input type="checkbox"/>
You have been placed in an emergency residential care setting but the setting is not appropriate for your needs	<input type="checkbox"/>

18.00 Do you need to move to be nearer family/a support network to **give or get support**?

YES

NO

18.01 If **YES**, please provide details below of why you need support, who will support you, types of support and how often.

20.00 Are you, or a member of your household, a victim of domestic abuse, acute harassment or severe verbal/physical abuse in your current home and you are unable to continue living in your home?

YES

NO

20.01 If **YES**, please provide details below and details of any other organisations working with you:

21.00 Are you currently registered with the local authority as homeless?

YES

NO

If YES, please provide details below:

21.01	Reason(s) why you are homeless	
21.02	Name of Local Authority who completed your assessment	
21.03	Date assessment made	
21.04	Name of Case worker	
21.05	Contact details of Case Worker	Telephone: E-mail:

21.06 If YES, has the **letter from the Local Authority** been provided?

YES

NO

22.00 Do you live in a **Council, Housing Association or Housing Co-operative property** that has **MORE** bedrooms than you need?

YES

NO

22.01 If **YES**, how many extra bedrooms do you have?

One bedroom
Two or more bedrooms

<input type="checkbox"/>
<input type="checkbox"/>

23.00 Do you live in a **Council, Housing Association or Housing Co-operative property** that has **TOO FEW** bedrooms for your needs?

YES

NO

23.01 If **YES**, how many extra bedrooms do you need?

One bedroom
Two or more bedrooms

<input type="checkbox"/>
<input type="checkbox"/>

24.00 Have you been **asked to leave** the accommodation you are currently living in?

YES

NO

24.01 If **YES**, is it for one of the following reasons?

You are a private tenant and you have been served a Notice to Leave
You are in tied accommodation which you need to leave
You are an owner-occupier with a repossession notice
You are about to be released from prison

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

24.02 Has **written confirmation** been provided?

YES

NO

Does your home meet the following criteria?

25.00	Is structurally stable	
25.01	Is substantially free from rising or penetrating damp	
25.02	Has satisfactory provision for natural and artificial lighting, for ventilation and for heating	
25.03	Has satisfactory thermal insulation	
25.04	Has an adequate piped supply of wholesome water	
25.05	Has a sink provided with a satisfactory supply of both hot and cold water	
25.06	Has a toilet available for the exclusive use of the occupants	
25.07	Has a fixed bath or shower and a wash-hand basin, all with a satisfactory supply of both hot and cold water	
25.08	Has an effective system for the drainage and disposal of foul and surface water	
25.09	The supply of electricity within the property complies with the requirements in relation to the electrical installation	
25.10	Has satisfactory facilities for the cooking of food within the house	
25.11	Has satisfactory access to all external doors and outbuildings	

25.12 If you have said **NO** to any of the questions above, has the Council, Environmental Health or any other organisation been involved in assessing the condition of your property or carry out any tests.

YES

NO

25.13 If **YES**, please provide details of the assessment carried out below.

25.14 If an assessment has been done, has **written evidence** been provided?

YES

NO

26.00 Do you need to move because you are a victim of verbal or physical abuse which is life threatening?

YES

NO

26.01 If YES, please tell us if it is because of any of the following.

Racial Harassment	<input type="checkbox"/>
Religious or Sectarian Harassment	<input type="checkbox"/>
Homophobic Harassment	<input type="checkbox"/>
Harassment of autistic people and people with learning or physical disability	<input type="checkbox"/>
Sexual Harassment	<input type="checkbox"/>

26.02 If it is for another reason, please tell us what it is below.

26.03 Please tell us more about this, how often it is happening and if any organisations are involved.

27.00 Are you suffering from serious anti-social behaviour?

YES

NO

27.01 If **YES** who is causing the problem?

Someone who lives with you
Someone who visits the property
A neighbour
You don't know the person

27.02 If **YES**, how frequently is it happening?

Daily
Weekly
Very occasionally

27.03 If **YES**, have you reported any of the incidents?

YES

NO

27.04 If **YES**, please provide details below of who you have reported them to and any action taken/outcomes?

FUTURE HOUSING NEEDS

28.00 Based on the size of your household and the ages of the household members, we will decide what size of property you will be considered for. However, do you think you require an additional bedroom?

YES

NO

28.01 Please tell us why below:

Health reasons	
Support reasons	
Child access reasons	
Registered Foster/Kinship Carer	
Other	

If other, please tell us more about the reasons for the extra room.

29.00 Do you require supported accommodation?

YES

NO

29.01 If **YES**, please provide details below of why you need support and if you have a Social Worker/Care Manager?

DECLARATION

Please read through the following statements and sign at the bottom to show you understand and agree with them.

- I/We are eligible to apply for housing with Ark HA Ltd.
- I/We have read and understood the Privacy Notice and shared this with all relevant parties on my/our application.
- I/We understand that the completion and return of this form does not guarantee an offer of housing by Ark HA Ltd.
- I/ We will inform Ark HA Ltd of any changes in my/our circumstances.
- My/Our current or former landlord(s) can be contacted for a reference.
- I/We acknowledge that Ark HA Ltd may contact other parties, such as the Police/Local Authorities to seek additional information to support my application.
- All information given by me/us to Ark is true. If I/We supply false information or keep back any information my/our application may be cancelled.
- If I/We are given a tenancy because I/We have given false information or I/We have kept back information, I/We understand that I/We could lose the tenancy.

Signature of applicant	
Date	
Signature of joint applicant	
Date	

CHECKLIST

Please use the checklist below to ensure that you have completed all the relevant parts of the application form. This will prevent any delay in your application being processed.

<input type="checkbox"/>	Have you/any joint applicant read, understood and signed the DECLARATION on Page 28.
<input type="checkbox"/>	Have you/any joint applicant completed the Equality Monitoring Form.
<input type="checkbox"/>	Supplied copies of the necessary evidence to support your application, where applicable.
	02.03 – Guardian Order
	04.01 – Limited Leave to Remain/ Refugee Status/ Visa Restrictions
	07.02 – Access to Child Arrangements
	08.03 – MATB1 Pregnancy Form
	21.06 – Homeless Award Letter
	24.02 – Notice to Leave Letter
	25.14 – Environmental Health Assessment Letter

EQUALITY DATA COLLECTION FORM – HOUSING APPLICANT

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 us on 0131 478 8143.

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	<input type="checkbox"/>	25–34	<input type="checkbox"/>
	35–44	<input type="checkbox"/>	45–54	<input type="checkbox"/>
	55–65	<input type="checkbox"/>	65+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>			

Belief or religion

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

Buddhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>
Catholic	<input type="checkbox"/>
Protestant	<input type="checkbox"/>
Other	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>
Judaism	<input type="checkbox"/>
Sikhism	<input type="checkbox"/>
Other religion (please state what this is)	<input type="checkbox"/>
No specific belief in religion (for example, atheism or agnosticism)	<input type="checkbox"/>
Other belief (for example, humanism)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

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:	<input type="checkbox"/>
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Disability

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

Please mark this box if there are any issues that you want to discuss with us in confidence:	<input type="checkbox"/>
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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, or email, this form to:
 Lochside House,
 Ground Floor, West Suite
 3 Lochside Way
 Edinburgh, Eh12 9DT

Email: customer.services@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 on our website.