FOR OFFICE USE ONLY

Drumchapel Housing Co-operative Limited

HOUSING REGISTRATION NO:

TENANT NO:

Equality Monitoring Form

We need this information to make sure we are treating you fairly and with respect and delivering the services you need. Further information about why we need this data and what we will do with it can be found overleaf. (Please read this before completing the form).

We will keep you information confidential. We will make sure that you cannot be identified through reports on the results of this survey.

Please tick (\checkmark) the relevant box in each section or fill in the details as appropriate.

Section 1: Where do you Live?		
Name		
Address		
Postcode		

Section 2: What is your Gender?			
Male	Female		
Intersex	Prefer not to say		
My gender is not represented here, I would describe my gender as:			

Section 3: Do you identify as a transperson?				
Yes No				
Not Sure		Prefer not to say		

Section 4: What is your age?			
16 to 24	25 to 34		
35 to 44	45 to 54		
55 to 64	65 to 74		
75 to 84	Over 85		
·	Prefer not to say		

Section 5: What is your sexual orientation?				
Bisexual Heterosexual (Straight)				
Gay or Lesbian Prefer not to say				
My covuel erientation is not represented here. I would				

My sexual orientation is not represented here, I would describe my sexual orientation as:

Section 6: Maternity & Pregnancy			
Are you pregnant?			
Yes		No	
Have you had a baby in the last 12 months?			
Yes		No	

Section 7: Marriage & Civil Partnership		
Single		
Married		
Civil Partnership		
Co-habiting		
Divorced		
Separated		
Widow/Widower		

Section 8: What is your religion or belief?		
Atheist or none		
Christian: Church of Scotland		
Christian: Roman Catholic		
Other Christian		
Baha'i		
Buddhist		
Hindu		
Humanist		
Jewish		
Muslim		
Pagan		
Sikh		
Prefer not to say		
My religion or belief is not represented here, I we describe my religion as:	ould	

Section 9: What is your ethnic group?		Section 10: Do you consider yourself to have		
A: White		a disability?		
Scottish		Yes	No	
English		Please tell us whic	h of the following affect you	1
Welsh		Physical Disability		
Northern Irish		Deafness or partial hearing loss		
Irish		Learning difficulty (e.g., dyslexia)		
Gypsy or Traveller		Blindness or partial sight loss		
Polish		Mental health cond	ition	
B: Mixed or multiple ethnic group			der (e.g., Autistic Spectrum	
Any mixed or multiple ethnic group (please write	e in:	Disorder or Asperg		
		Long term illness, disease, or condition		
		Learning disability (e.g., Down's Syndrome)	
C: Asian, Asian Scottish or Asian British		Prefer not to say		
Pakistani, Pakistani Scottish or Pakistani British		My condition is not represented here, I would describe my condition as:		
Indian, Indian Scottish or Indian British				
Bangladeshi, Bangladeshi Scottish or Bangladeshi British				
Chinese, Chinese Scottish or Chinese British				
D: African				
African, African Scottish or African British				
E: Caribbean or Black		Please advise us if you have any requirements relating to a disability:		
Caribbean, Caribbean Scottish or Caribbean British				
Black, Black Scottish or Black British				
F: Other Ethnic Group				
Arab, Arab Scottish or Arab British				
G: Prefer not to say				
My ethnic group is not represented here, I would describe my ethnic group as:		Please tick box if th wish to discuss with	ere are any issues you 1 us in confidence	

Thank you for filling in this form:

By providing this information and signing below, you are providing us with permission to retain and react to your data, this is known as explicit consent. This helps us keep information and allows us to reasonably adjust our services as necessary to meet your needs where possible.

Signature	
Print Name	
Date	

Why do we want this information?

As part of our commitment to equalities and human rights and in line with the Scottish Housing Regulator's (SHR) Regulatory Framework, we want to tailor our services and support to meet the individual needs of our customers; develop trust within our community and inform our policies and services.

To help achieve this the Co-operative aim to collect data relating to each of the protected characteristics (as noted on the attached equalities form) for our existing tenants, new tenants, people on waiting lists, governing body members and staff. In addition, we aim to demonstrate that equality and human rights issues are fully considered when making all of our decisions in our day-to-day service delivery.

Examples of how information we gather can be used

- Maternity / pregnancy We gather this information to ensure that the size of your family is considered when allocating a property i.e. you will not be overcrowded etc
- Disability matters We gather this data so we can liaise with our customers to make reasonable adjustments to service delivery. For example, by knowing the access requirements of people with visual impairments, we can provide information in larger print or audio format.

We can provide examples of how we will use information we gather about each of the other protected characteristics on request.

What will we do with the information?

Completing the form as fully as possible, will allow the Co-operative to address your individual needs more effectively as well as informing and improving our services. However, the form allows people to provide only the information they want to give and this can include completing some questions and not others, or even completing only parts of questions.

Consent

In order to process your personal data, Drumchapel Housing Co-operative is required to have a lawful reason to do so. We confirm that in accordance with DPA 2018 and UK General Data Protection Regulations (GDPR), 2018, this processing is necessary for compliance with a legal obligation to which the controller is subject (i.e. Drumchapel Housing Co-operative).

We can further confirm that in order to use the information you provide to tailor support based on your needs we also require your explicit consent which you can provide by signing and dating the from. Should you wish, you can also withdraw your consent at any time by contacting us. **Please be advised that it is your decision whether** to give us your explicit consent and if you decide not to give your consent, or withdraw your consent, this will not adversely affect the treatment you receive from the Co-operative however, it may impede our ability to meet some of your particular needs.

You will also note the form asks you to provide your name and address, which will help us reasonably adapt our services in response to your particular needs. Please be advised that it is your decision whether you:

- a. Complete the form providing us with your name and address
- b. Complete the form without providing us with your name and address
- c. Do not complete the form at all

If you decide on b) or c) above, we may miss out on finding out information about you that we may be able to help you with. However, **the level of service will not be affected adversely if you opt for options b) or c).**

How will we store your information safely?

We process equality information strictly in line with UK data protection law and the General Data Protection Regulation (GDPR). This includes processing your equality data securely on our electronic systems; restricting access only to relevant staff members; retaining equality information only as long as necessary in line with the timescales set out in our Data Retention Schedule; sharing data only as lawfully permitted and destroying data securely in line with our Data Retention Policy.

Who we will we share your information with?

We may be required to provide anonymised statistical information from completed forms to the Scottish Housing Regulator but no individual personal data will be shared.

How often do I need to complete this form?

Rather than sending you this form out for full completion annually, we propose to send a request annually for you to notify us if anything has changed. You can also update us of any changes to your circumstances as they arise.

Feedback

As we are committed to continual improvement, we are interested in any feedback you may have about this form. If you would like to provide feedback, please see contact details below:

Registered Office: 4 Kinclaven Avenue Drumchapel Glasgow G15 7SP

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