



EQUALITY MONITORING FORM

Name of social landlord:

Whiteinch & Scotstoun Housing Association Ltd.

INFORMATION FOR THOSE COMPLETING THE FORM

Why we are 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
- identify and eliminate any form of discrimination.

Do you need to answer every questions?

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.

Are the answers I provide anonymous?

Yes - the answers you provide are completely anonymous and will not be linked back to you in any way.

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
- elected members (in case of local authorities).

Other formats: We can provide this document on tape and in translation into most other languages. If you require help to complete the form please let us know.

AGE

What is your age?

Prefer not to say

☐

Alternative format:

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 from the list below?

Buddhism

☐

Christianity

Catholic

☐

Protestant

☐

Other

☐

Hinduism

☐

Islam

☐

Judaism

☐

Sikhism

☐

Other religion (please state what this is):

No belief in religion

(for example, atheism or agnosticism):

Other belief (for example, humanism):

Prefer not to say

☐☐☐

DISABILITY

Are you a disabled person?

Yes

☐

No

☐

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)

☐

Sensory impairment:
(hearing impairment)

☐

Learning difficulties: (for example, Down's Syndrome)

☐

Sensory impairment: (visual impairment)

☐

Mental health issue: (for example, depression, bi-polar)

☐

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

☐

Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia)

☐

Physical impairment: (for example, wheelchair-user, cerebral palsy)

☐

Prefer not to say

☐

ETHNICITY

Please tick the box that best describes your particular group.

African

African, African Scottish or African British:

☐

Other African background (please specify):

Asian, Asian Scottish or Asian 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

☐

Roma

☐

Gypsy Traveller

☐

Scottish

☐

Irish

☐

Welsh

☐

Polish

☐

Other British

☐

Other group:

Yes

☐

No

☐

Please specify your ethnic group

Prefer not to say:

☐

MARRIAGE AND CIVIL PARTNERSHIP

Are you presently in a civil partnership?

Yes

☐

No

☐

Are you presently married

Yes

☐

No

☐

Prefer not to say

☐

Pregnancy and maternity

Are you pregnant?

Yes ☐ No ☐

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

Yes ☐ No ☐

Prefer not to say

☐

Sex

What is your sex?

Female ☐ Male ☐ Intersex ☐

Prefer not to say

☐

Gender re-assignment (trans/transgender)

Do you consider yourself to be a trans person?

Yes ☐ No ☐

Prefer not to say

☐

Sexual orientation

What is your sexual orientation?

Bisexual ☐

Lesbian/gay woman ☐

Gay man ☐

Other ☐

Heterosexual/straight ☐

Prefer not to say ☐

Particular Requirements

If you have any particular requirements relating to any of the questions you have answered, and would like to discuss further in confidence, please telephone 0141 959 2552