

Equality monitoring form

Lochaber Housing Association:

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 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.

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 in other formats, large print, audio format or Braille, the document may also be available in other languages, in full or summary form, as appropriate and more information to help you to complete the form is available by contacting the Association by telephoning 01397 702530 or email info@lochaberhousing.org.uk

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 or religion from the list below?

Buddhism:				
Christianity				
Catholic:		Protestant:		Other:
Hinduism:				
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				

Disability

Are you a disabled person?	Yes		No	
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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)	
Learning difficulties: (for example, Down's Syndrome)	
Mental health issue: (for example, depression, bi-polar)	
Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia)	
Physical impairment: (for example, wheelchair-user, cerebral palsy)	
Sensory impairment: (hearing impairment)	
Sensory impairment: (visual impairment)	
Other: If none of the categories above apply to you, please specify the nature of your impairment.	
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, 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)	
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White

English	
Gypsy Traveller	
Irish	
Polish	
Roma	
Scottish	
Welsh	
Other British	

Other group:	Yes		No	
Please specify your ethnic group				

Prefer not to say:	
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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	
Gay man	
Heterosexual/straight	
Lesbian/gay woman	
Other	
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 contact the Association by telephoning 01397 702530 or email info@lochaberhousing.org.uk