



Glasgow Housing Register · Northwest



Equal Opportunities Monitoring Form



Charing Cross Housing Association Ltd





All participating landlords are committed to equality of opportunity for the whole community and we would like to monitor our performance in this area.

We would be grateful if you could help us by answering the following questions. The information will be used to ensure that all applicants for housing are treated fairly and equally. The information will also help us improve the way we deliver our housing information and advice services.

You do not have to complete this section. If you choose not to answer any or all of the following questions it will not affect your application.

Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>
Prefer not to answer <input type="checkbox"/>	

Age

16-24 <input type="checkbox"/>	50-59 <input type="checkbox"/>
25-39 <input type="checkbox"/>	60+ <input type="checkbox"/>
40-49 <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>

How would you describe your ethnic origin?

Any mixed background <input type="checkbox"/>	Black, Black Scottish or Black British Other <input type="checkbox"/>
Arab <input type="checkbox"/>	White Other British <input type="checkbox"/>
Asian, Asian Scottish or Asian British Bangladeshi <input type="checkbox"/>	White Gypsy/Traveller <input type="checkbox"/>
Asian, Asian Scottish or Asian British Chinese <input type="checkbox"/>	White Irish <input type="checkbox"/>
Asian, Asian Scottish or Asian British Indian <input type="checkbox"/>	White Other <input type="checkbox"/>
Asian, Asian Scottish or Asian British Other <input type="checkbox"/>	White Polish <input type="checkbox"/>
Asian, Asian Scottish or Asian British Pakistani <input type="checkbox"/>	White Scottish <input type="checkbox"/>
Black, Black Scottish or Black British <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
Black, Black Scottish or Black British African <input type="checkbox"/>	Other ethnic background <input type="checkbox"/>
Black, Black Scottish or Black British Caribbean <input type="checkbox"/>	

If Other, please give details

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If you are an asylum seeker, been granted refugee status or are a migrant worker, please tick the relevant box below (This information is for monitoring purposes only)	
Asylum seeker <input type="checkbox"/>	Migrant worker <input type="checkbox"/>
Refugee <input type="checkbox"/>	
Do you consider yourself to have a disability? By this we mean a condition which you believe has a long term and substantial effect on your ability to carry out normal day to day tasks.	
Yes <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
No <input type="checkbox"/>	
What type of disability/long term illness do you have?	
Hearing impairment <input type="checkbox"/>	Physical <input type="checkbox"/>
Learning disability <input type="checkbox"/>	Visual impairment <input type="checkbox"/>
Mental health <input type="checkbox"/>	Other, please state below <input type="checkbox"/>
If Other, please give details	
Religious Belief	
Buddhist <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
Church of Scotland <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>
Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>
Jewish <input type="checkbox"/>	Other Christian <input type="checkbox"/>
Muslim <input type="checkbox"/>	Another religion <input type="checkbox"/>
Do you consider yourself to be	
Bisexual <input type="checkbox"/>	Transgender <input type="checkbox"/>
Heterosexual or straight <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
Lesbian or gay <input type="checkbox"/>	

Are you applying with a Joint Applicant?	
Gender - are they	
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Prefer not to answer <input type="checkbox"/>	
Age - are they	
16-24 <input type="checkbox"/>	50-59 <input type="checkbox"/>
25-39 <input type="checkbox"/>	60+ <input type="checkbox"/>
40-49 <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
How would you describe their ethnic origin?	
Any mixed background <input type="checkbox"/>	Black, Black Scottish or Black British Other <input type="checkbox"/>
Arab <input type="checkbox"/>	White Other British <input type="checkbox"/>
Asian, Asian Scottish or Asian British Bangladeshi <input type="checkbox"/>	White Gypsy/Traveller <input type="checkbox"/>
Asian, Asian Scottish or Asian British Chinese <input type="checkbox"/>	White Irish <input type="checkbox"/>
Asian, Asian Scottish or Asian British Indian <input type="checkbox"/>	White Other <input type="checkbox"/>
Asian, Asian Scottish or Asian British Other <input type="checkbox"/>	White Polish <input type="checkbox"/>
Asian, Asian Scottish or Asian British Pakistani <input type="checkbox"/>	White Scottish <input type="checkbox"/>
Black, Black Scottish or Black British <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
Black, Black Scottish or Black British African <input type="checkbox"/>	Other ethnic background <input type="checkbox"/>
Black, Black Scottish or Black British Caribbean <input type="checkbox"/>	
If Other, please give details	
If they are an asylum seeker, been granted refugee status or are a migrant worker, please tick the relevant box below (This information is for monitoring purposes only)	
Asylum seeker <input type="checkbox"/>	Migrant worker <input type="checkbox"/>
Refugee <input type="checkbox"/>	
Do you consider them to have a disability? By this we mean a condition which you believe has a long term and substantial effect on your ability to carry out normal day to day tasks.	
Yes <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
No <input type="checkbox"/>	

What type of disability/long term illness do they have?	
Hearing impairment <input type="checkbox"/>	Physical <input type="checkbox"/>
Learning disability <input type="checkbox"/>	Visual impairment <input type="checkbox"/>
Mental health <input type="checkbox"/>	Other, please state below <input type="checkbox"/>
If Other, please give details	
What religion are they?	
Buddhist <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
Church of Scotland <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>
Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>
Jewish <input type="checkbox"/>	Other Christian <input type="checkbox"/>
Muslim <input type="checkbox"/>	Another religion <input type="checkbox"/>
Do they consider themselves to be	
Bisexual <input type="checkbox"/>	Transgender <input type="checkbox"/>
Heterosexual or straight <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
Lesbian or gay <input type="checkbox"/>	
Please provide details of others in the household whose ethnic origin differs from the main or joint applicant	