



EQUAL OPPORTUNITIES MONITORING FORM

The Chevin Housing Group is committed to ensuring and promoting equality and diversity in all areas of activity and responsibility including employment, housing and service provision. You are not obliged to give us this information, but by filling in the form, you will be helping us by giving us a better understanding of your individual needs. All of the information that you give to us will be treated in confidence and in accordance with the Data Protection Act 1998.

Gender: Male Female

Date of Birth: //

Ethnicity

I would describe myself as *(please place a 'x' in one box)*:

White British Irish Any other White background *

Mixed White & Black Caribbean White & Asian
 White & Black African Any other Mixed background*

Asian or Asian British British Bangladeshi
 Indian Any other Asian background*

Black or Black British British Any other Black background*
 Caribbean
 African

Chinese or other Ethnic Group Chinese Any other *

* If you have ticked 'other' please state how you describe yourself:

.....

My religion is:

- None Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist
- Hindu Jewish Muslim
- Sikh Any other religion (please specify)
.....

Disability:

Section One of the Disability Discrimination Act defines disability as a physical or mental impairment, which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.

Using the above definition, do you consider yourself to have a disability?

Yes No

If yes, please give details.

My sexual orientation is:

- Bisexual Gay man Gay woman / lesbian
- Heterosexual / straight Other Prefer not to say

CONSENT SECTION – PLEASE SIGN THIS SECTION TO SHOW THAT YOU CONSENT TO CHEVIN USING THIS INFORMATION. ALL OF THE INFORMATION THAT YOU GIVE IN THIS FORM WILL BE STRICTLY CONFIDENTIAL AND WILL ONLY BE USED BY CHEVIN AND THOSE PARTNERS DIRECTLY INVOLVED IN PROVIDING HOUSING MANAGEMENT AND SERVICES TO YOU.

I / we understand that information which I / we have given on this form will be used by The Chevin Housing Group to update details where appropriate. I / we understand that the information will be used for monitoring purposes to help ensure equality of access to services for all Chevin customers.

Please sign below to show your consent.

Signature:

Date:

This form is completed to the best of my knowledge and belief.

THANK YOU FOR PROVIDING THIS INFORMATION.