

## **Provanhall Housing Association Equality monitoring form 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 large print or other community languages. Please get in touch with us by email to [info@provanhallha.org.uk](mailto:info@provanhallha.org.uk) or by text to 07860035864

## Age

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:
Hinduism:	Other:
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	

## Please tick ✓ all that apply

Are you a Tenant?	Yes	No
Are you a member of Staff?	Yes	No
Are you a Management Committee Member?	Yes	No

## Ethnicity

Please tick ✓ the box that best describes your particular group.

### African

African, African Scottish or African British:	<input type="checkbox"/>
Other African background (please specify):	<input type="checkbox"/>

### Asian, Scottish Asian or British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British:	<input type="checkbox"/>
Indian, Indian Scottish or Indian British:	<input type="checkbox"/>
Pakistani, Pakistani Scottish or Pakistani British:	<input type="checkbox"/>
Chinese, Chinese Scottish or Chinese British:	<input type="checkbox"/>
Other Asian background (please specify):	<input type="checkbox"/>

### Black or Caribbean

Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>
Black, Black Scottish or Black British	<input type="checkbox"/>
Other Caribbean or Black background (please specify)	<input type="checkbox"/>

### Mixed groups

Mixed or multiple ethnic group (please specify)	<input type="checkbox"/>
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### White

English	<input type="checkbox"/>
Gypsy Traveller	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other British	<input type="checkbox"/>

Other group: Please specify your ethnic group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Prefer not to say:	<input type="checkbox"/>
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### Marriage and civil partnership

Are you presently in a civil partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you presently married?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	



### Pregnancy and maternity

Are you pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you taken maternity or paternity leave in the past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prefer not to say				<input type="checkbox"/>

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

### Sex

What is your sex?	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Intersex	<input type="checkbox"/>
Prefer not to say						<input type="checkbox"/>

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

### Gender re-assignment (trans/transgender)

Do you consider yourself to be a trans person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prefer not to say				<input type="checkbox"/>

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

## Sexual orientation

### What is your sexual orientation?

Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>
Lesbian/gay woman	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

## General

Please mark this box if there are any issues that you want to discuss with us in confidence

**If you have ticked that you want to discuss something with us in confidence, please note your contact details here:**

Please return your completed form to

34 Conisborough Road,  
Easterhouse  
Glasgow  
G34 9QG

**If you have any questions about this form, please get in touch with us by calling 0141 771 4941 or by email to [info@provanhallha.org.uk](mailto:info@provanhallha.org.uk)**

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