

# Equalities Monitoring Form



## Information for those completing the form

### Why is SBHA 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.

SBHA is committed to equality of opportunity as a landlord, service provider and employer. We want to ensure that our Board remain reflective of the diverse community we serve and are keen to assess the extent to which applicants are representative of the wider population in terms of their personal characteristics.

We would be grateful for your help with this and ask you to complete this form by ticking the relevant boxes and return along with your completed application.

### What does SBHA do with equality information?

We use equality information for a range of purposes, including to help us to:

- promote equality objectives across our services
- protect and promote your rights and interests
- identify and address our customers' needs, and improve our services
- identify and eliminate any form of discrimination.

### Do I 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.

### 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 does SBHA 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 Sub-Committee members (including those applying to become Board Members).

We respect your privacy and any information you provide will be treated in strictest confidence and used for monitoring purposes only. We collect and process the data we receive in accordance with data protection laws. Please note that completion of this form is not a requirement of the application and selection process.

## Age

Please tick the band for your age:	16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>
	35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>
	55-65	<input type="checkbox"/>	65+	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>			

## Belief or religion

Please tick the box which best describes your belief or religion from the list below?

Buddhism:	<input type="checkbox"/>				
Christianity	<input type="checkbox"/>				
Catholic:	<input type="checkbox"/>	Protestant:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Hinduism:	<input type="checkbox"/>				
Islam:	<input type="checkbox"/>				
Judaism:	<input type="checkbox"/>				
Sikhism:	<input type="checkbox"/>				
Other religion (please state what this is):	<input type="checkbox"/>				
No specific belief in religion (for example, atheism or agnosticism):	<input type="checkbox"/>				
Other belief (for example, humanism):	<input type="checkbox"/>				
Prefer not to say	<input type="checkbox"/>				

## Disability

Are you a disabled person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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)	<input type="checkbox"/>
Learning difficulties: (for example, Down's Syndrome)	<input type="checkbox"/>
Mental health issue: (for example, depression, bi-polar)	<input type="checkbox"/>
Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia)	<input type="checkbox"/>
Physical impairment: (for example, wheelchair-user, cerebral palsy)	<input type="checkbox"/>
Sensory impairment: (hearing impairment)	<input type="checkbox"/>
Sensory impairment: (visual impairment)	<input type="checkbox"/>
Other: If none of the categories above apply to you, please specify the nature of your impairment.	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

## 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	
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: Please specify your ethnic group	Yes		No	
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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				

## 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

Bisexual	
Gay man	
Heterosexual/straight	
Lesbian/gay woman	
Other	
Prefer not to say	