

Anonymised Equality Data Collection Form

Information for those completing the form

To ensure your answers are anonymous, please do not add your name or any other identifying details to the form.

Why are we 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; and □ 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.

How do we process your equality information?

• The form you submit to us is anonymous. We will only use the statistical information gathered from the completed forms to determine trends and potential equalities issues within our areas of responsibility. The anonymised statistics may also be submitted to the Scottish Housing Regulator.

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; and
- elected members (in case of local authorities)

Other formats: We can provide this document in LARGE PRINT and more information to help you to complete the form is available from the Company Secretary.

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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:		Other:	
Hinduism:					
Islam:					
Judaism:					
Sikhism:					
Other religion (p	olease stat	e what this is):			
No specific believed or	ef in relig	ion (for example, atheism	agnostici	sm):	
Other belief (for	example	humanism):			
Prefer not to say	,				

Disability

Disaonity				
Are you a disabled person?	Yes		No	
If yes, please tick the box which category you would	use from th	e followir	ng list:	
Autoimmune: (for example, multiple sclerosis, HIV	, Crohn's/ul	cerative c	olitis)	
Learning difficulties: (for example, Down's Syndro	me)			
Mental health issue: (for example, depression, bi-po	olar, PTSD)			
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	ı, please spe	ecify the n	ature of	
your impairment.				

Prefer not to say				
Ethnicity				
Please tick the box that best describes your particular	r ethnic group: A	African		
African, African Scottish or African British:	8 1			
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	L			
Black, Black Scottish or Black British				
Other Caribbean or Black background (please spec	ify)			
Mixed groups				
Mixed or multiple ethnic group (please specify)				
White				
English				
Gypsy Traveller				
Irish				
Polish				
Roma				
Scottish				
Welsh				
Other British				
Other group (please specify your ethnic group)				
Prefer not to say				
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				
	Vac		No	
Are you pregnant?	Yes		110	

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 pe	erson?	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	

What to do now

Please return this form separately to: <u>Laura@svronline.org</u> headed Equalities Form – Support Worker, Rosendael

If you need advice or assistance...

This form is anonymous and so we do not know who has completed it.

If you have any concerns relating to equalities issues that you would like assistance with and / or if you wish to discuss anything with us in confidence, please do get in touch. Our contact details are as above.