

HOUSING APPLICANTS / RESIDENTS
Equality and Diversity Monitoring

As part of its monitoring procedure, Bournemouth Housing Society for the Elderly asks you to provide the relevant information below. The information provided will be stored securely; no details are held against individual records. The purpose of this form is to ensure we are not discriminating in any way for any reason, hidden or otherwise. In addition, that we seek to provide a service that caters for specific needs and requests that can be reasonably met.

If you prefer not to do this, tick this box: I do not wish to complete this form

Ethnic group of person 1 as defined by applicant - please tick ✓ one only

White	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other	<input type="checkbox"/>

Mixed	
White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Other	<input type="checkbox"/>

Asian or Asian British	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other	<input type="checkbox"/>

Black or Black British	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other	<input type="checkbox"/>

Chinese or other ethnic group	
Chinese	<input type="checkbox"/>
Other	<input type="checkbox"/>

Gypsy / Romany / Irish Traveller	<input type="checkbox"/>
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Refused / prefer not to answer	<input type="checkbox"/>
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Disability	Yes	No	Refused / prefer not to answer
Does any household member consider him/herself to have a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does any household member use a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NB **The Disability Discrimination Act of 1995** defines disability as “A mental or physical condition which has a substantial and long term adverse effect on an individual’s ability to carry out day-to-day activities. Long term means that the condition must last, or is likely to last for more than twelve months”.

Faith		
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Jew	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
No faith	<input type="checkbox"/>	<input type="checkbox"/>
Humanist	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Sexuality		
Gay	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Bi sexual	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Refused / prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Preferred spoken and written language	<input type="text"/>
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Signed _____

Name _____

Date _____