

Equal Opportunities Monitoring Form

West of Scotland Housing Association Ltd is committed to the promotion of equality of opportunity as both landlord and employer. The Association recognises the importance of monitoring as well as implementing equal opportunities policies. With this in mind, you are requested to complete this form.

Answering all questions is **voluntary** and the information collected is used to ensure fair use and access to services only. This information is for **statistical purposes only** and will have no bearing on your application.

EQUALITIES INFORMATION Age (please tick)

☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55 – 64 ☐ 65 or over

Ethnicity (please tick one box)

WHITE

☐ Scottish ☐ English ☐ Welsh ☐ Northern Irish ☐ British ☐ Irish
☐ Gypsy/traveller ☐ Polish ☐ Any other White ethnic group

MIXED

☐ Any mixed background

ASIAN, ASIAN SCOTTISH, ASIAN BRITISH

☐ Pakistani, Pakistani Scottish or Pakistani British
☐ Indian, Indian Scottish or Indian British
☐ Chinese, Chinese Scottish or Chinese British
☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
☐ Any other Asian ethnic group

AFRICAN, CARIBBEAN OR BLACK

☐ Caribbean, Caribbean Scottish or Caribbean British
☐ African, African Scottish or African British
☐ Black, Black Scottish or Black British
☐ Any other Black ethnic group

OTHER ETHNIC BACKGROUND

☐ Arab ☐ Other ethnic group

Prefer not to answer the question ☐

Religion and Belief (please tick)

- | | |
|---|---|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Non-religious (Atheist, Humanist etc.) |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Other | |
-

Sex

What best describes your biological sex? (please tick)

- ☐ Male
- ☐ Female
- ☐ Prefer to self-describe (please provide this here) _____
- ☐ Prefer Not to say
-

Gender Reassignment

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Transmale | <input type="checkbox"/> Transfemale |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer Not to say |
-

Sexual Orientation

What best describes your sexual orientation (please tick)

- ☐ Bisexual
- ☐ Gay/Lesbian
- ☐ Heterosexual/Straight
- ☐ Prefer to self-describe (please provide this here) _____
-

Disability

Do you consider yourself to have a disability? (please tick)

- ☐ Yes ☐ No
-

Marital Status

- ☐ Single
- ☐ Married
- ☐ Civil Partnered
- ☐ Prefer Not to say
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