

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



West of
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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

- Transmale Transfemale
- No 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
-

Pregnancy & Maternity

Are you pregnant? Yes No Have you had a baby in the last 6 months Yes No
