

EQUALITIES GATHERING

We process equality information strictly in line with data protection law and the General Data Protection Regulation.

We provide options throughout this form so you can provide only the information you want to give. This can include completing some questions and not others, or even completing only parts of questions.

Is there a joint applicant?

Yes

No

Today's Date

Ethnicity

Within the Equality Act 2010, race includes colour, nationality and ethnic origins (ethnicity). In this section, we make use of all three terms in line with the national census. Main Applicant Joint Applicant

Belief or religion

Please tell us what best describes your belief or religion from the list below?

Main Applicant Joint Applicant

No specific belief in religion i.e. atheism

Other belief (please specify)

Buddhism

Christianity—Catholic

Christianity—Protestant

Christianity—other (please specify)

Hinduism

Islam

Judaism

Sikhism

Other religion (please specify)

Prefer not to say

Disability

Are you a disabled person? Please tick if yes and select from the list below.

Autoimmune (e.g. multiple sclerosis, HIV)

Learning Difficulties (e.g. Down's Syndrome)

Mental health issues (e.g. depression, bi-polar)

Neurodivergence conditions (e.g. autistic)

Physical impairments (e.g. wheelchair-user)

Sensory impairments (hearing impairment)

Sensory impairments (visual impairment)

Other: If none of the categories above apply to you, please specify the nature of your impairment

Prefer not to say

Note: We ask this question so that we can make reasonable adjustments to address your specific needs, as appropriate.

African: African, African Scottish or African British

African: Other African background please specify)

Asian, Scottish Asian or British Asian:

Bangladeshi, Bangladeshi Scottish or 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

Black or Caribbean: Black, Black Scottish or British

Other Caribbean or Black background (please specify)

Mixed groups: Mixed or multiple ethnic group:

White: English

White: Gypsy Traveller

White: Irish

White: Polish

White: Roma

White: Scottish

White: Welsh

White: Other British

Other: Other group (please specify):

Other: Prefer not to say

Please use this box to advise us of any particular services that we can provide to address any ethnicity issues.

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		English	Other	If other please specify (including BSL and TACTILE BSL)
What is your main language?	Main Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Joint Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marriage and civil partnership

Are you:	Main Applicant	Joint Applicant
Married	<input type="text"/>	<input type="text"/>
Civil Partnership	<input type="text"/>	<input type="text"/>
Prefer not to say	<input type="text"/>	<input type="text"/>

Pregnancy and Maternity

Are you pregnant?	Yes <input type="text"/>	No <input type="text"/>	N/A <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>	N/A <input type="text"/>
Have you taken maternity or paternity leave in the past year?	Yes <input type="text"/>	No <input type="text"/>	N/A <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>	N/A <input type="text"/>
Prefer not to say.	<input type="text"/>			<input type="text"/>		

Sex

What is your sex (assigned at birth)	Main Applicant	Joint Applicant
Female	<input type="text"/>	<input type="text"/>
Male	<input type="text"/>	<input type="text"/>
Intersex	<input type="text"/>	<input type="text"/>
Prefer not to say	<input type="text"/>	<input type="text"/>

Gender re-assignment (trans/transgender)

Do you consider yourself to be a trans person?	<input type="text"/>	<input type="text"/>
Yes	<input type="text"/>	<input type="text"/>
No	<input type="text"/>	<input type="text"/>
Prefer not to say	<input type="text"/>	<input type="text"/>

Sexual orientation

Bi/Bisexual	<input type="text"/>	<input type="text"/>
Gay Man	<input type="text"/>	<input type="text"/>
Heterosexual/straight	<input type="text"/>	<input type="text"/>
Lesbian	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Prefer not to say	<input type="text"/>	<input type="text"/>

General

Please mark this box if there are any issues that you want to discuss with is in confidence in relation to our equality monitoring.

THANK YOU FOR YOUR CO-OPERATION



**Shetland
Islands
Council**

APPLICATION FEEDBACK FORM



The only way we can improve our Housing Application Form and our Service is by taking into account comments made by you. We would very much like you to complete this feedback form and return it to us with your completed application form.

1 Did you find the form easy to complete?

YES ☐ NO ☐

If NO, please indicate in the space below which questions could be improved:

2 Do you think we ask the right questions for your circumstances?

YES ☐ NO ☐

If NO, please indicate in the space below which questions could be improved:

3 How did you get your Application form? PDF file printed at home from SIC website ☐ SIC office paper ☐
Please select from **one** of the answers: PDF file printed at home from HHA website ☐ HHA office paper ☐
Completed online on SIC website ☐
Completed online on HHA website ☐

4 If you requested a paper application pack from SIC or HHA, how did you rate the service you received from staff?
VERY ☐ GOOD ☐ FAIR ☐ POOR ☐ NOT APPLICABLE-INTERNET DOWNLOAD ☐
GOOD

5 If requested, how do you rate the advice, information and assistance you received from SIC and/or HHA in relation to your application?
VERY ☐ GOOD ☐ FAIR ☐ POOR ☐ NOT APPLICABLE-DID NOT REQUEST ☐
GOOD

If you have any comments about the service you received or suggestions about how we can improve our service, please use the space below:

6 Are you applying to SIC only, HHA only or both? SIC ☐ HJALTLAND ☐ BOTH ☐