

# EQUAL OPPORTUNITIES MONITORING

In line with Shetland Island Council's and Hjaltland Housing Association's Equal Opportunities Policies we operate a monitoring procedure to record the sex and ethnic origin of all people applying for housing. This is to ensure that no group is at a disadvantage either directly or indirectly. **The definitions used on this form are in line with the 2011 Census classifications, which are approved by the Equalities and Human Rights Commission.** All information will be treated as strictly confidential and used anonymously for statistical purposes.

Today's Date    Is there a joint applicant? Yes  No  Main Applicant  Joint Applicant

Are you a British citizen or a Commonwealth citizen with the right to live in the UK? Yes  No  Yes  No

Please tick the box which best describes you and (if applicable) the joint applicant.

	Main Applicant	Joint Applicant
1 Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>

In another way, if you would like to, please specify what other words you use:

2 Date of Birth e.g. 30|05|74

	Main Applicant	Joint Applicant
3 White Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Other British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
White other- please give details	<input type="checkbox"/>	<input type="checkbox"/>

Mixed - please give details

<input type="checkbox"/>	<input type="checkbox"/>
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Arab, Arab Scottish or Arab British	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>	<input type="checkbox"/>
Indian, Indian Scottish or Indian British	<input type="checkbox"/>	<input type="checkbox"/>
Chinese, Chinese Scot or Chinese British	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/>	<input type="checkbox"/>
African, African Scottish or African British	<input type="checkbox"/>	<input type="checkbox"/>
Other African	<input type="checkbox"/>	<input type="checkbox"/>

Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>	<input type="checkbox"/>
Black, Black Scottish or Black British	<input type="checkbox"/>	<input type="checkbox"/>
Other Caribbean or Black	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic group -	<input type="checkbox"/>	<input type="checkbox"/>

Not known

Don't want to answer

<input type="checkbox"/>	<input type="checkbox"/>
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**You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.**

	Main Applicant	Joint Applicant
4 Please tick the box if you consider yourself disabled.	<input type="checkbox"/>	<input type="checkbox"/>

5 Please tick the box below which best describes you and (if applicable) the joint applicant.

	Main Applicant	Joint Applicant
None	<input type="checkbox"/>	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	<input type="checkbox"/>
Other Christian	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Pagan	<input type="checkbox"/>	<input type="checkbox"/>
Other—please give details	<input type="checkbox"/>	<input type="checkbox"/>

6 Don't want to answer

Please tick which options best describes how you think of

Heterosexual/Straight	<input type="checkbox"/>	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Don't want to answer

<input type="checkbox"/>	<input type="checkbox"/>
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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 Did you get your application form from SIC or Hjaltland?** SIC  HJALTLAND

**4 When you requested your application form from SIC or Hjaltland, how did you rate the service you received from staff?**  
 VERY  GOOD  FAIR  POOR  NOT APPLICABLE-INTERNET DOWNLOAD

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

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