

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.

Today's Date

Is there a joint applicant? Yes No

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	<input type="checkbox"/>	<input type="checkbox"/>
Other belief (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	<input type="checkbox"/>
Christianity—Catholic	<input type="checkbox"/>	<input type="checkbox"/>
Christianity—Protestant	<input type="checkbox"/>	<input type="checkbox"/>
Christianity—other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	<input type="checkbox"/>
Islam	<input type="checkbox"/>	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	<input type="checkbox"/>
Sikhism	<input type="checkbox"/>	<input type="checkbox"/>
Other religion (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Disability

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

Autoimmune (e.g. multiple sclerosis, HIV)	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulties (e.g. Down's Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues (e.g. depression,	<input type="checkbox"/>	<input type="checkbox"/>
Neurodivergence conditions (e.g. autistic)	<input type="checkbox"/>	<input type="checkbox"/>
Physical impairments (e.g. wheelchair-user)	<input type="checkbox"/>	<input type="checkbox"/>
Sensory impairments (hearing impairment)	<input type="checkbox"/>	<input type="checkbox"/>
Sensory impairments (visual impairment)	<input type="checkbox"/>	<input type="checkbox"/>
Other: If none of the categories above apply to you, please specify the nature of your	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

African: African, African Scottish or African British	<input type="checkbox"/>	<input type="checkbox"/>
African: Other African background please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Asian, Scottish Asian or British Asian:	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi, Bangladeshi Scottish or British	<input type="checkbox"/>	<input type="checkbox"/>
Indian, Indian Scottish or Indian British	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>	<input type="checkbox"/>
Chinese, Chinese Scottish or Chinese British	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Black or Caribbean: Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>	<input type="checkbox"/>
Black or Caribbean: Black, Black Scottish or British	<input type="checkbox"/>	<input type="checkbox"/>
Other Caribbean or Black background (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Mixed groups: Mixed or multiple ethnic group:	<input type="checkbox"/>	<input type="checkbox"/>
White: English	<input type="checkbox"/>	<input type="checkbox"/>
White: Gypsy Traveller	<input type="checkbox"/>	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	<input type="checkbox"/>
White: Polish	<input type="checkbox"/>	<input type="checkbox"/>
White: Roma	<input type="checkbox"/>	<input type="checkbox"/>
White: Scottish	<input type="checkbox"/>	<input type="checkbox"/>
White: Welsh	<input type="checkbox"/>	<input type="checkbox"/>
White: Other British	<input type="checkbox"/>	<input type="checkbox"/>
Other: Other group (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Other: Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Marriage and civil partnership

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

Pregnancy and Maternity

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

Sex

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

Gender re-assignment (trans/transgender)

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

Sexual orientation

Do you consider yourself to be a trans person?		
Bi/Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

General

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



**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 GOOD FAIR POOR NOT APPLICABLE-INTERNET DOWNLOAD

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 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