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

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.

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
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.

Produced by Shetland Islands Council and Hjaltland Housing Association Summer 2022

Application no

EQUALITIES GATHERING

What is your main language?	English	Other	If other please specify (including BSL and TACTILE BSL
Main Applicant			
Joint Applicant			

Marriage and civil partnership

Are you:	Main Applicant	Joint Applicant
Married		
Civil Partnership		
Prefer not to say		

Pregnancy and Maternity

	Main Applicant			Joint Applicant		
Are you pregnant?	Yes	No	N/A	Yes	No	N/A
Have you taken maternity or paternity leave in the past year?	Yes	No	N/A	Yes	No	N/A
Prefer not to say.						

Sex

What is your sex (assigned at birth)	Main Applicant	Joint Applicant
Female		
Male		
Intersex		
Prefer not to say		

Gender re-assignment (trans/transgender)

Do you consider yourself to be a trans person?		
Yes		
No		
Prefer not to say		

Sexual orientation

Bi/Bisexual		
Gay Man		
Heterosexual/straight		
Lesbian		
Other		
Prefer not to say		

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

Hjaltland Housing Association

We would very much like you to complete this feedback form, because this is the only way we can improve our Housing Application Form and our Service is by taking into account comments made by you.

1 How did you complete your housing application form? Online ☐ Paper form ☐ Paper form printed at home ☐

2 Did you find the form easy to complete? YES ☐ NO ☐

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

3 If completing your application online, did you have any issues with uploading information? YES ☐ NO ☐

If yes, please describe what the issues were:

4 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:

5 Do you think you got the right information for applying for housing in Shetland? YES ☐ NO ☐

If no, please indicate in the space below what was missing:

6 If requested, how do you rate the advice, information and assistance you received from SIC and/or HHA in relation to your application? YES ☐ NO ☐

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:

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