

Tollcross Housing Association

Employment Application Equalities Monitoring Form

On request, the Association will provide translations of all our documents, policies and procedures in various languages and other formats such as computer disc, tape, large print, Braille etc. and these can be obtained by contacting the Association's offices.

Tollcross Housing Association - Equalities Monitoring Form

To ensure your answers are anonymous, please do not add your name or any other identifying details to the form.

Why are we asking for equality information?

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations.

What do we do with equality information?

We use equality information for a range of purposes, including to help us to:

- protect and promote your rights and interests;
- promote equality objectives across our services;
- identify and address our customers' needs, improve our services, develop policies; and
- identify and eliminate any form of discrimination.

Do you need to answer every question?

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us. You can complete some questions and not others or you can complete parts of questions. The form has space for you to tell us more about your needs if you want.

How do we process your equality information?

The form you submit to us is anonymous. We will only use the statistical information gathered from the completed forms to determine trends and potential equalities issues within our areas of responsibility. The anonymised statistics may also be submitted to the Scottish Housing Regulator.

Who do we gather equality information about?

We gather equality information from:

- people who apply for a home;
- tenants;
- people who apply for a job with us;
- our employees;
- board and Committee members; and

Other formats:

On request, we can provide this document translated in various languages and other formats such as computer disc, tape, large print, Braille etc. and more information to help you to complete form is available by contacting the Association's offices (see back page for details).

To ensure your answers are anonymous, please do not add your name or any other identifying details to the form.

Age

| | | | | |
|------------------------------------|--------------------------|--------------------------|-------|--------------------------|
| Please tick the band for your age: | 16–24 | <input type="checkbox"/> | 25–34 | <input type="checkbox"/> |
| | 35–44 | <input type="checkbox"/> | 45–54 | <input type="checkbox"/> |
| | 55–65 | <input type="checkbox"/> | 65+ | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | | |

Belief or religion

Please tick the box which best describes your belief or religion from the list below?

| | |
|---|--------------------------|
| Buddhism: | <input type="checkbox"/> |
| Christianity | <input type="checkbox"/> |
| Catholic: | <input type="checkbox"/> |
| Protestant: | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |
| Hinduism: | <input type="checkbox"/> |
| Islam: | <input type="checkbox"/> |
| Judaism: | <input type="checkbox"/> |
| Sikhism: | <input type="checkbox"/> |
| Other religion (please state what this is): | <input type="checkbox"/> |
| No specific belief in religion (for example, atheism or agnosticism): | <input type="checkbox"/> |
| Other belief (for example, humanism): | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Disability

| | | | | |
|----------------------------|-----|--------------------------|----|--------------------------|
| Are you a disabled person? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|----------------------------|-----|--------------------------|----|--------------------------|

If yes, please tick the box which category you would use from the following list:

| | |
|--|--------------------------|
| Autoimmune: (for example, multiple sclerosis, HIV, Crohn's/ulcerative colitis) | <input type="checkbox"/> |
| Learning difficulties: (for example, Down's Syndrome) | <input type="checkbox"/> |
| Mental health issue: (for example, depression, bi-polar) | <input type="checkbox"/> |
| Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia) | <input type="checkbox"/> |
| Physical impairment: (for example, wheelchair-user, cerebral palsy) | <input type="checkbox"/> |
| Sensory impairment – hearing impairment | <input type="checkbox"/> |
| Sensory impairment – visual impairment | <input type="checkbox"/> |
| Other: If none of the categories above apply to you, please specify the nature of your impairment. | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Marriage and civil partnership

| | | | | |
|---|--------------------------|--------------------------|----|--------------------------|
| Are you presently in a civil partnership? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are you presently married? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | | |

Pregnancy and maternity

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

Ethnicity

Please tick the box that best describes your particular ethnic group:

African

| | |
|---|--------------------------|
| African, African Scottish or African British: | <input type="checkbox"/> |
| Other African background (please specify): | <input type="checkbox"/> |

Asian, Scottish Asian or British

| | |
|---|--------------------------|
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British: | <input type="checkbox"/> |
| Indian, Indian Scottish or Indian British: | <input type="checkbox"/> |
| Pakistani, Pakistani Scottish or Pakistani British: | <input type="checkbox"/> |
| Chinese, Chinese Scottish or Chinese British: | <input type="checkbox"/> |
| Other Asian background (please specify): | <input type="checkbox"/> |

Black or Caribbean

| | |
|--|--------------------------|
| Caribbean, Caribbean Scottish or Caribbean British | <input type="checkbox"/> |
| Black, Black Scottish or Black British | <input type="checkbox"/> |
| Other Caribbean or Black background (please specify) | <input type="checkbox"/> |

Mixed groups

| | |
|---|--------------------------|
| Mixed or multiple ethnic group (please specify) | <input type="checkbox"/> |
|---|--------------------------|

White

| | |
|--|--------------------------|
| English | <input type="checkbox"/> |
| Gypsy Traveller | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| Polish | <input type="checkbox"/> |
| Roma | <input type="checkbox"/> |
| Scottish | <input type="checkbox"/> |
| Welsh | <input type="checkbox"/> |
| Other British | <input type="checkbox"/> |
| Other group (please specify your ethnic group) | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Sex

| | | | | | | |
|-------------------|--------|--------------------------|------|--------------------------|----------|--------------------------|
| What is your sex? | Female | <input type="checkbox"/> | Male | <input type="checkbox"/> | Intersex | <input type="checkbox"/> |
| Prefer not to say | | | | | | <input type="checkbox"/> |

Gender re-assignment (trans/transgender)

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

Sexual orientation

What is your sexual orientation?

| | |
|-----------------------|--|
| Bisexual | |
| Gay man | |
| Heterosexual/straight | |
| Lesbian/ gay woman | |
| Other | |
| Prefer not to say | |

What to do now

Please return this form along with your application to:

anne.fitzsimons@tollcross-ha.org.uk OR by post

Private & Confidential

Tollcross Housing Association
Anne Fitzsimons, Corporate Services Director
868 Tollcross Road
Glasgow
G32 8PF

If you need advice or assistance

This form is anonymous and so we do not know who has completed it.

If you have any concerns relating to equalities issues that you would like assistance with and/or if you wish to discuss anything with us in confidence please do get in touch. Our contact details are:

Tollcross Housing Association
Anne Fitzsimons, Corporate Services Director
868 Tollcross Road
Glasgow
G32 8PF

Telephone: 0141 763 1317/DD 0141 763 2855

E-mail: anne.fitzsimons@tollcross-ha.org.uk