

### Employment Applicants – Trainee Housing Services Officer

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#### **Information for those completing the form**

##### **Why we are 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, and improve our services
- identify and eliminate any form of discrimination.
- collate statistical information for regulatory purposes.

##### **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.

We may ask for some information in other forms where this is required by law. For example, where we need to know your age if you are applying for a home as only those over 16-years-old can be registered on our housing list.

If you do not want to provide this information, you are under no obligation to complete this form.

##### **How do we process your equality information?**

We process equality information strictly in line with data protection law, including by:

- processing your equality data confidentially
- restricting access only to relevant staff members
- retaining equality information only as long as necessary
- sharing data only as lawfully permitted
- destroying data securely.

##### **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

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**Age**

Note: We may request a specific date of birth in certain forms when this is required in law. For example, we need to know the age of housing applicants as a person can only be registered on our housing list / register if the person is sixteen.

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:
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"/>

Please use the space below to tell us about any particular requirements relating to your beliefs or religion.

Please tick here if you want to discuss this matter in confidence:	<input type="checkbox"/>
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**Disability**

Are you a disabled person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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: ( <b>hearing</b> impairment)	<input type="checkbox"/>
Sensory impairment: ( <b>visual</b> 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"/>

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:	<input type="checkbox"/>
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**Employment Applicants – Trainee Housing Services Officer**

**Ethnicity**

Please tick the box that best describes your particular 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"/>
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**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"/>

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**Ethnicity**

Other group:	Yes		No	
Please specify your ethnic group				

Prefer not to say:	
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Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:	
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**Spoken Language**

Please specify if you can communicate in English.

English	Yes		No	
Other language (please specify)				
Is a translator required?	Yes		No	

**Marriage and Civil Partnership**

Are you presently in a civil partnership?	Yes		No	
Are you presently married?	Yes		No	
Are you divorced?	Yes		No	
Are you widowed?	Yes		No	
Prefer not to say				

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:	
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**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"/>

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:	<input type="checkbox"/>
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**Sex**

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

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:	<input type="checkbox"/>
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**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"/>

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:	<input type="checkbox"/>
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**Sexual orientation**

What is your sexual orientation?

Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Heterosexual / straight	<input type="checkbox"/>
Lesbian / gay woman	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Please use the space below to advise us if you have any particular requirements.

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Please tick here if you want to discuss this matter in confidence:	<input type="checkbox"/>
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**General**

Please mark this box if there are any issues that you want to discuss with us in confidence	<input type="checkbox"/>
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