

EQUALITY MONITORING FORM



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.

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.

Are the answers I provide anonymous?

Yes – the answers you provide are completely anonymous and will not be linked back to you in any way.

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
- Elected members (in case of local authorities).

We can provide this document in other formats such as CD, Braille and large print. It can also be made available in other languages on request. More information to help you to complete the form is available by calling Calway's office 0141 771 7722 or emailing enquiries@calway.org.uk

Age

What is your age?

Prefer not to say

Alternative format:

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"/>
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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):	
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 No

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"/>

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)

White

English	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Gypsy Traveller	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Polish	<input type="checkbox"/>	Other British	<input type="checkbox"/>

Other group:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify your ethnic group	
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"/>	

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	<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"/>

Particular Requirements

If you have any particular requirements relating to any of the questions you have answered, and would like to discuss further in confidence, please contact the office on 0141 771 7722 or email: info@calvay.org.uk