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**Membership Application Form Personal Details**

Title:

First Name:

Surname:

Address:

Postcode:

Home Telephone number

Mobile Telephone number

E-mail address (if applicable)

Date of birth:

Are you:

A tenant of CDHA Yes 🞏 No 🞏

Resident within our geographical area of operation Yes 🞏 No 🞏

A person interested in the work of the Association Yes 🞏 No 🞏

If so please state the nature of your interest

………………………………………………………………………………

………………………………………………………………………………

A professional person wishing to become involved Yes 🞏 No 🞏

If so please state the expertise you can bring to our Organisation

…………………………………………………………………………….

…………………………………………………………………………….

…………………………………………………………………………….

Are you related to a tenant of CDHA Yes 🞏 No 🞏

If so please provide details…………………………………………….

……………………………………………………………………………

Are you related to a Committee member of CDHA Yes 🞏 No 🞏

If so please provide details ……………………………………………..

……………………………………………………………………………...

Are you related to a member of staff of CDHA Yes 🞏 No 🞏

If so please provide details ……………………………………………..

………………………………………………………………………………

Are you involved either as staff or committee of another

Housing Association

Yes 🞏 No 🞏

If so please state where……………………………………………

**Reasons for application**

Do you agree with the Association’s aims and objectives listed at the front of this application:

* Yes □ No

Please detail your reasons for wishing to become a member of the association, what skills you would bring to the organisation and what level of input you wish to have in the association.

I wish to apply for membership of the Association because:

As a member I wished to be involved in the following ways: (please tick all boxes which apply)

* Attend the Annual General Meeting
* Receive the Annual Report of the Association
* Become an elected member of the Management Committee
* Other, please specify

**Membership fee**

Please enclose £1 to cover the membership fee. This will be refunded in the event that the application is not successful.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cathcart & District Housing Association****Anonymised Equality Data Collection Form**

**Information for those completing 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, and improve our services; 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.

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.

**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; and
* destroying data securely.

**Who do we gather equality information about?**

We gather equality information from:

* housing applicants;
* tenants;
* people who apply for a job with us;
* our employees; and
* committee and share members.

**Other formats**: Please let us know if you would like this form in another format.

**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 16 years of age.

|  |  |  |
| --- | --- | --- |
| **What is your date of birth?** (DD/MM/YYYY) |  | |
| Prefer not to say | |  |

***Alternative format:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick the band for your age:** | 16–24 |  | 25–34 |  |
| 35–44 |  | 45–54 |  |
| 55–65 |  | 65+ |  |
| Prefer not to say |  | | | |

**Belief or religion**

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

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

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

|  |
| --- |
|  |

**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) | |  |
| Learning difficulties: (for example, Down’s Syndrome) | |  |
| Mental health issue: (for example, depression, bi-polar) | |  |
| Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia) | |  |
| Physical impairment: (for example, wheelchair-user, cerebral palsy) | |  |
| Sensory impairment – hearing impairment | |  |
| Sensory impairment – visual impairment | |  |
| Other: If none of the categories above apply to you, please specify the nature of your impairment. | |  |
| Prefer not to say |  | |

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

|  |
| --- |
|  |

**Ethnicity**

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

**African**

|  |  |  |
| --- | --- | --- |
| African, African Scottish or African British: | |  |
| Other African background (please specify): |  | |

**Asian, Scottish Asian or British**

|  |  |  |
| --- | --- | --- |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi 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, Black Scottish or Black British |  |
| Other Caribbean or Black background (please specify) |  |

**Mixed groups**

|  |  |
| --- | --- |
| Mixed or multiple ethnic group (please specify) |  |

**White**

|  |  |
| --- | --- |
| English |  |
| Gypsy Traveller |  |
| Irish |  |
| Polish |  |
| Roma |  |
| Scottish |  |
| Welsh |  |
| Other British |  |
| Other group (please specify your ethnic group) |  |
| Prefer not to say |  |

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

|  |
| --- |
|  |

**Marriage and civil partnership**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you presently in a civil partnership? | Yes |  | No |  |
| Are you presently married? | Yes |  | No |  |
| Prefer not to say | | | |  |

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

|  |
| --- |
|  |

**Pregnancy and maternity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you pregnant? | Yes |  | No |  |
| Have you taken maternity or paternity leave in the past year? | Yes |  | No |  |
| Prefer not to say | | | |  |

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

|  |
| --- |
|  |

**Sex**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| What is your sex? | Female |  | Male |  | Intersex |  | |
| Prefer not to say | | | | | | |  |

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

|  |
| --- |
|  |

**Gender re-assignment (trans/transgender)**

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

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

|  |
| --- |
|  |

**Sexual orientation**

**What is your sexual orientation?**

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

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

|  |
| --- |
|  |

**If you need advice or assistance…**

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

If you have any 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:

Cathcart & District Housing Telephone: 0141 633 2779  
3/5 Rhannan Road Email: [info@cathcartha.co.uk](mailto:info@cathcartha.co.uk)   
Glasgow  
G44 3AZ