**Cathcart & District Housing Association  
Anonymised Equality Data Collection Form for the post of Maintenance/Factoring Officer**

**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.

We may ask for some information in other forms where this is required by law.

**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 members.

**Other formats**: To complete this form online rather than complete a paper copy, please scan the below QR code on your mobile device or click on the following link: <https://forms.office.com/e/LcKzb9TwZA>

A qr code with a few black squares

Description automatically generated

If you would like this form in another format, please let us know.

**Age**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | | | | |  |

**Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a physical or mental health condition or disability that:   * 1. Has a substantial effect on your ability to carry out day to day activities?   2. Has lasted or is expected to last 12 months or more? | Yes |  | No |  |
| Prefer not to say | | | |  |

If you answered ‘**yes’** please tick if it is either of the following:

|  |  |  |
| --- | --- | --- |
| Learning disability | |  |
| Long standing condition | |  |
| Mental health condition | |  |
| Physical impairment | |  |
| Sensory impairment | |  |
| Other (please describe): |  | |
| Prefer not to say | |  |

Again, if **yes**, please describe any particular arrangements or reasonable adjustments you would need:

**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 |  |

**Sex**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is your sex? | Female |  | Male |  | Intersex |  | Non-binary |  |
| 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**

What is your sexual orientation?

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

**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:

|  |
| --- |
|  |

**What to do now**

The form will automatically be returned to us if completed using the weblink or QR code.

Please return paper copies to:

Emma Connelly  
Corporate Services Officer  
Cathcart & District Housing Association  
3/5 Rhannan Road  
Glasgow  
G44 3AZ  
[Emma@cathcartha.co.uk](mailto:Emma@cathcartha.co.uk)