

#### **Data Protection Act 1998**

Each of the Highland Housing Register landlords is registered under the Data Protection Act 1998. Information you provide in this form will be processed fairly and lawfully for the following purposes:

- For administrative purposes, reporting monitoring data and using information as statistical data for strategic planning.
- For equal opportunities monitoring.

For independent advice about data protection, privacy, and data sharing issues contact the Information Commissioner at:

Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF

Telephone: 01625 545745 Email: mail@dataprotection.gov.uk Website: www.informationcommissioner.gov.uk





The information we are asking for is for monitoring purposes only. We will use this information to produce statistics of people applying for housing with Highland Housing Register, and to produce statistics of people who are housed by Highland Housing Register. We will not use your name or address.

> You do not need to answer these questions, but we do appreciate your help.

It should only take you a few minutes to complete.

## YOUR RESPONSES WILL NOT AFFECT YOUR APPLICATION

Please return this completed form along with your Housing Application Form, thank you.

YOU	JOINT APPLICANT
Are you:     Male     Female	GENDER     Are you:     Male     Female
	ETHNIC ORIGIN
What is your Ethnic Origin: (Please tick one box from one section - A to F) A. WHITE Scottish Other British Irish Gypsy/Traveller Polish Other (Please state) B. MIXED or MULTIPLE ETHNIC GROUPS Any mixed or Multiple Ethnic Groups (Please state) C. ASIAN, ASIAN SCOTTISH or ASIAN BRITISH Pakistani, Pakistani Scottish or Pakistani British Indian, Indian Scottish or Indian British Bangladeshi, Bangladeshi Scottish or Chinese, Chinese Scottish or Chinese British Other (Please state) D. BLACK, BLACK SCOTTISH, BLACK BRITISH Caribbean African Any other black background (Please state) E. OTHER ETHNIC GROUP	What is your Ethnic Origin:   (Pease tick one box from one section - A to F)   A. WHITE   Scottish   Other British   Irish   Gypsy/Traveller   Polish   Other (Please state)   B. MIXED or MULTIPLE ETHNIC GROUPS Any mixed or Multiple Ethnic Groups (Please state) C. ASIAN, ASIAN SCOTTISH or ASIAN BRITISH Pakistani, Pakistani Scottish or Pakistani British Indian, Indian Scottish or Indian British Bangladeshi, Bangladeshi Scottish or Chinese, Chinese Scottish or Chinese British Other (Please state) D. BLACK, BLACK SCOTTISH, BLACK BRITISH Caribbean African Any other black background (Please state) E. OTHER ETHNIC GROUP
<ul> <li>E. OTHER ETHNIC GROUP</li> <li>Arab, Arab Scottish or Arab British</li> <li>Other (Please state)</li> <li>F. UNKNOWN</li> </ul>	E. OTHER ETHNIC GROUP Arab, Arab Scottish or Arab British Other (Please state) F. UNKNOWN

PISABILITY         • A disability is any physical or mental impairment which has a substantial and long term impact on your abilit to carry out normal day to day activities.         • Do you have a disability:         · Yes         · Yes         · Deafness or partial hearing loss         · Blindness or partial sight loss         · Learning disability         · for example, Down's Syndrome         · Learning difficulty         · for example, Autistic Spectrum Disorder         · or condition         · Dhysical disability         · Mental health condition         · Long-term illness, disease         · or condition         · Other condition (Please state)	DISABILITY         • A disability is any physical or menimpairment which has a substantia and long term impact on your abit to carry out normal day to day activities.         Do you have a disability:         Yes         No         • If yes, please tell us what it is:         (Please tick all that apply)         Deafness or partial hearing loss         Blindness or partial sight loss         Learning disability         for example, Down's Syndrome         Learning difficulty         for example, dyslexia         Developmental disorder         for example, Autistic Spectrum Disorder         or Asperger's Syndrome         Physical disability         Mental health condition         Long-term illness, disease         or condition         Other condition (Please state) <b>RELIGION</b> • What religion, religious denominate or body do you belong to:   • (Please tick one)            None         Church of Scotland         Roman Catholic         Other Christian         Muslim         Buddhist         Sikh         Jewish         Hindu						
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- Other Christian
- Buddhist
- ◯ Sikh
- Hindu
- $\bigcirc$  Other religion (*Please state*)