**I wish to become a member of Cloch Housing Association**

**Application Form for Membership**

I confirm I am (please tick the appropriate box):

* A tenant or Service User of Cloch Housing Association
* A person who supports the objectives of Cloch Housing Association
* An individual/organisation sympathetic to the objects of the Association

Please note: all applicants must be aged 16 years or over.

|  |
| --- |
| **Please tell us why you are interested in becoming a member:** |
| **Please tell us about any Skills & Experience that you may wish to highlight to us or tell us if you wish to be considered for joining the Board of Management.** |

I confirm I have paid my £1 membership fee by BACS. In signing this membership form, I understand and agree that my details will be recorded in a Public Register, which is kept according to the Rules of Cloch Housing Association.

|  |
| --- |
| Name:  |
| Address: Email Address:Tel No/Mob No: |

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

**Please return to:**

To pay £1 Membership Fee by BACS please send to:

Sort Code: 80-91-27

Account No: 10840760

Please use your name for the Reference

**Corporate Services**

**Cloch Housing Association Ltd**

**19 Bogle Street**

**GREENOCK, PA15 1ER**

**Tel: 01475 783637**

**Or e-mail:** **office@clochhousing.org.uk**

**Scottish Charity No. SC 013996**

For more information on the Association, go to [**www.clochhousing.org.uk**](http://www.clochhousing.org.uk)

Equality Monitoring Form



|  |  |
| --- | --- |
| **Name of social landlord:**  | **CLOCH HOUSING ASSOCIATION LIMITED** |

**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 Members

**Other formats**:

We can provide this document in large print, braille, audio or other non-written format and in a variety of languages, on request.

**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |

**Ethnicity**

**Please tick the box that best describes your particular 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:  | Yes |  | No |  |
| Please specify your ethnic group |  |

|  |  |
| --- | --- |
| 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  |  |

**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  |  |

**Sex**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What is your sex? | Female |  | Male |  | Intersex |  |
| 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 |  |

**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 our Corporate Services Team.