



Fair Service Monitoring Form (Applicant)

Version 1.0
Valid From: December 2008
Valid To: November 2011

This is available in large print

Fair Service Monitoring Form

The information used on this Form is strictly confidential. The information received will be held on computer by Empowering People Inspiring Communities and used to ensure that customers receive a fair service.

If you feel uncomfortable about answering a question you have the option of leaving it blank. If you do not want to answer any questions on this form please tick this box

1. Your Name(s):

Name: _____

Mr/Mrs/Miss/Ms (please delete)

Name: _____

Mr/Mrs/Miss/Ms (please delete)

Address:

Tel no: _____

Mobile no: _____

Email address: _____

2. Gender/Age:

Please tick the correct box for your gender and enter your date of birth (Dob)

Person 2:

Female Transgendered m to f

Male Transgendered f to m

Date of Birth _____

3. Sexuality:

Please tell us your sexuality by ticking the appropriate box.

Heterosexual

Bisexual

Gay Man

Gay Woman/Lesbian

I prefer not to say

4. Disability:

Do you or any of your household have a long-term disability (over 6 months) that prevents you from carrying out normal day to day activities?

Yes / No (delete as appropriate)

If Yes, is your disability (please tick)

Sight loss

Learning Difficulties

Blind

Mobility problems

Hearing loss

Wheelchair user / mobility scooter user – indoor and out door use

Deaf

Wheelchair user / mobility scooter user – outdoor only

Deaf and without speech

Substance misuse

Chronic illness

Mental health issues

Other – please specify _____

I prefer not to answer

Female Transgendered m to f

Male Transgendered f to m

Date of Birth _____

5. Special Requirements

Do you need information provided in any of the following ways:

Yes / No (delete as appropriate)

- Large Print Audio tape
 Audio CD Coloured Paper

Do you have any other special requirements eg. dietary? Please specify

6. Religion

Please tell us your religion by ticking the appropriate box.

- None Jewish
 Buddhist Muslim
 Christian Sikh
 Hindu I prefer not to answer
 Other (please indicate) _____

7. Your Background

Please tell us your ethnic background by ticking the appropriate box from the section A to E.

Person 1

A. White

- British Irish Other

B. Mixed

- White and Black Caribbean White and Black African
 White and Asian Other

C. Asian or Asian British

- Indian Pakistani
 Bangladeshi Other

D. Black or Black British

- African Caribbean Other

E. Chinese or other ethnic group

- Chinese Other
 I prefer not to say

Person 2

A. White

- British Irish Other

B. Mixed

- White and Black Caribbean White and Black African
 White and Asian Other

C. Asian or Asian British

- Indian Pakistani
 Bangladeshi Other

D. Black or Black British

- African Caribbean Other

E. Chinese or other ethnic group

- Chinese Other
 I prefer not to say

8. Language

If English is not your first language please specify the language that you use

Declaration

I understand that Empowering People Inspiring Communities are committed to ensuring that all customers receive a fair service.

I agree to statistical information being shared with various regulatory bodies.

Signed: _____

Date: _____

Thank you for taking the time to complete this form. If any of your needs identified in question 4 or 5 change, please let us know. Please return it in the pre paid envelope provided.

For further information, please telephone

01782 252575



**Empowering People Inspiring Communities
131-141 Ubbertley Road
Bentilee
Stoke-on-Trent
Staffordshire
ST2 0EF**

www.epichousing.co.uk

اگر آپ کو اس ایفٹ کا ترجمہ چاہیے تو براہ مہربانی
mailbox@epichousing.co.uk کو ای میل بھیجیں۔

नेकर त्रुतु प्रिस लीडरलिट दा अठुवद चारीदा वै तं विरथा करके
mailbox@epichousing.co.uk तू ही-मेल थल्ल।

আপনার যদি এই প্রচারপত্রের অনুবাদ দরকার হয় অনুগ্রহ করে এখানে
ই-মেইল করবেন : mailbox@epichousing.co.uk