

**Information for potential governing body members completing this form**

**Why are we asking for equality information and what do we do with it?**

We use equality information for a range of purposes, including to:

* protect and promote your rights and interests;
* promote equality objectives across our services;
* identify and address our governing body members’ needs, and improve our services;
* ensure our governing body is representative of our tenants and other customers; 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.

**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 employees;
* 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:

* people who apply for a home;
* tenants;
* people who apply for a job with us;
* our employees;
* board and committee members; and
* elected members (in case of local authority representatives who may sit on our Board).

We ask equality information that is recommended by the Scottish Government and the Scottish Federations of Housing Associations in Scotland to ensure we are asking the same questions as our peers.



**Name**

|  |  |
| --- | --- |
| **Name:**  |  |

**Age**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 that shows the 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, autism 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 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 |  |

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 |  |

**General**

Please use the space below to advise us if you have any particular requirements e.g. in relation to accessibility or dates you cannot attend meetings in relation to your Belief or Religion:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Please mark this box if there are any issues that you want to discuss with us in confidence  |  |

Consent

Any information that could be used to identify or reveal the following about you is known as special category information:

 racial or ethnic origin,

 political opinions,

 religious or philosophical beliefs,

 genetic data,

 biometric data for the purpose of uniquely identifying person,

 data concerning health, or

 data concerning a person’s sex life or sexual orientation.

For us to hold and use this kind of information we need to get your permission for each possible use. Please read the following uses. Tick the box next to it, and sign this document if you approve the Association can use your information as described on this form.

If you do not wish for us to hold or use this information, that option is also provided.

For full information on how we use your information and your rights please see our Privacy Policy and our Fair Processing Notice. These are available on our website.

|  |  |
| --- | --- |
|  | I permit Langstane to use my special category information to demonstrate its governing body is representative of its tenants and other customers |
|  | or |
|  | I do not want Langstane to record or process my special category information |

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |