

7. What is your religion or belief? (tick only one)

	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder		Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
No religion or belief.....	<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say.....	<input type="checkbox"/>	<input type="checkbox"/>	Jewish.....	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist.....	<input type="checkbox"/>	<input type="checkbox"/>	Rastafarian.....	<input type="checkbox"/>	<input type="checkbox"/>
Christian.....	<input type="checkbox"/>	<input type="checkbox"/>	Sikh.....	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Other religion or belief (please say)		
Humanist.....	<input type="checkbox"/>	<input type="checkbox"/>		

8. Please tick if you are a Gypsy or Traveller

	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
.....	<input type="checkbox"/>	<input type="checkbox"/>

9. How do you define your sexuality? (Please tick only one)

	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder		Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
Prefer not to say.....	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual.....	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual.....	<input type="checkbox"/>	<input type="checkbox"/>	Lesbian.....	<input type="checkbox"/>	<input type="checkbox"/>
Gay man.....	<input type="checkbox"/>	<input type="checkbox"/>			

10. If someone helped you to complete this form because of sight problems or because you do not read or write in English, and you would like them to help you in future when HFI contacts you, please give us their name and contact details

Name.....

Contact details.....

Please sign and date

	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
Date..... Signed

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Valuing Diversity

Customer Information Collection Form

We would be grateful if the tenant or leaseholder answers the questions on this form (and the joint tenant or joint leaseholder, if this applies). Please answer as many questions as you are happy to complete. Where written answers are requested please use **BLOCK CAPITALS**.

If you have been sent this document with another form please complete both forms and return them together

For information about this form please read the Valuing Diversity Factsheet.

Office use

Your address:		
	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
Your full name		
Your date of birth		
Your gender (please circle)	Male / Female / Transgender	Male / Female / Transgender
We can often provide you with a quicker service if we have all your main contact details. If you wish, please complete the following:		
Your telephone number		
Your email address		

1. HFI will usually contact its customers by telephone or letter. If you would like to be contacted in another way please let us know. HFI aims to meet your request whenever we can. (please tick any boxes that apply)

	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder		Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
Braille.....	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Phone Texting.....	<input type="checkbox"/>	<input type="checkbox"/>
Email.....	<input type="checkbox"/>	<input type="checkbox"/>	Tape.....	<input type="checkbox"/>	<input type="checkbox"/>
Easy read.....	<input type="checkbox"/>	<input type="checkbox"/>	Text phone.....	<input type="checkbox"/>	<input type="checkbox"/>
Home Visit.....	<input type="checkbox"/>	<input type="checkbox"/>	Text or sound CD.....	<input type="checkbox"/>	<input type="checkbox"/>
Large Print.....	<input type="checkbox"/>	<input type="checkbox"/>			



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2. What is the main language you use? (please only tick one)

	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder		Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
Albanian	<input type="checkbox"/>	<input type="checkbox"/>	Portuguese.....	<input type="checkbox"/>	<input type="checkbox"/>
Arabic.....	<input type="checkbox"/>	<input type="checkbox"/>	Somali	<input type="checkbox"/>	<input type="checkbox"/>
Bengali.....	<input type="checkbox"/>	<input type="checkbox"/>	Spanish.....	<input type="checkbox"/>	<input type="checkbox"/>
BSL.....	<input type="checkbox"/>	<input type="checkbox"/>	Turkish.....	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese.....	<input type="checkbox"/>	<input type="checkbox"/>	Other (please say).....		
English.....	<input type="checkbox"/>	<input type="checkbox"/>	Do you need an interpreter when contacting HFI		
Greek.....	<input type="checkbox"/>	<input type="checkbox"/>	Please Circle Yes / No	Yes / No	Yes / No

3. Do you consider yourself to have a disability or impairment? (please tick any that apply)

	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder		Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
No disability or impairment	<input type="checkbox"/>	<input type="checkbox"/>	I have a physical impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say.....	<input type="checkbox"/>	<input type="checkbox"/>	I use a wheelchair.....	<input type="checkbox"/>	<input type="checkbox"/>
I am blind or visually impaired	<input type="checkbox"/>	<input type="checkbox"/>	Other impairment (please say) (e.g. diabetes, epilepsy, multiple sclerosis, back problem etc.)		
I have experience of mental health distress.....	<input type="checkbox"/>	<input type="checkbox"/>			
I have a learning difficulty.....	<input type="checkbox"/>	<input type="checkbox"/>			
I use a hearing aid or communicate using BSL .	<input type="checkbox"/>	<input type="checkbox"/>			

4. Is there someone living with you (other than the joint tenant or joint leaseholder) that has a disability or impairment? (Please tick)

Yes.....	<input type="checkbox"/>			
Prefer not to say.....	<input type="checkbox"/>			
No.....	<input type="checkbox"/>			
If Yes, please give their full name(s):				
.....				
Please let us know about their disability or impairment (Please tick any that apply)				
	Person 1	Person 2		
They are blind or visually impaired	<input type="checkbox"/>	<input type="checkbox"/>	They have a learning difficulty	<input type="checkbox"/>
They have experience of mental health distress.....	<input type="checkbox"/>	<input type="checkbox"/>	They use a hearing aid or communicate using BSL	<input type="checkbox"/>
			They have a physical impairment.....	<input type="checkbox"/>
			They use a wheelchair.....	<input type="checkbox"/>
			Other impairment (please say) (e.g. diabetes, epilepsy, multiple sclerosis, back problem etc.)	

5. If you, or any member of your household, have a disability or impairment can HFI help? HFI aims to meet your needs but it cannot guarantee it will be able to meet all individual requirements.

The disability or impairment is not affected by HFI service delivery (please tick, if applies).....

HFI can help by changing the service it provides to my household (If this applies, please say how)

.....

.....

.....

.....

.....

6. How would you describe your ethnic origin? (Please tick only one)

	Tenant or Leaseholder	Joint Tenant or Joint Leaseholder		Tenant or Leaseholder	Joint Tenant or Joint Leaseholder
Prefer not to say.....	<input type="checkbox"/>	<input type="checkbox"/>	Mixed Heritage		
Asian or Asian British			White & Asian.....	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	White & Black African....	<input type="checkbox"/>	<input type="checkbox"/>
Indian.....	<input type="checkbox"/>	<input type="checkbox"/>	White & Black Caribbean.....	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani.....	<input type="checkbox"/>	<input type="checkbox"/>	Other Mixed background (please say)		
Other Asian background (please say)				
Black or Black British			White		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	British.....	<input type="checkbox"/>	<input type="checkbox"/>
Other Black background (please say)			Greek/Greek Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
.....			Irish.....	<input type="checkbox"/>	<input type="checkbox"/>
African			Kurdish.....	<input type="checkbox"/>	<input type="checkbox"/>
Eritrean	<input type="checkbox"/>	<input type="checkbox"/>	Turkish/Turkish Cypriot ..	<input type="checkbox"/>	<input type="checkbox"/>
Ghanaian	<input type="checkbox"/>	<input type="checkbox"/>	Other White background (please say)		
Nigerian	<input type="checkbox"/>	<input type="checkbox"/>		
Somali	<input type="checkbox"/>	<input type="checkbox"/>			
Other African background (please say)					
.....					
Chinese or other ethnic group					
Chinese.....	<input type="checkbox"/>	<input type="checkbox"/>			
Filipino	<input type="checkbox"/>	<input type="checkbox"/>			
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>			
Other ethnic group (please say)					
.....					