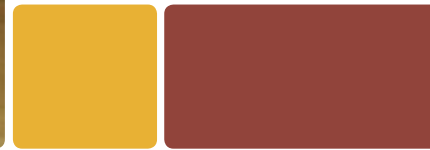


Valuing Diversity



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). Further information about this form is available on the enclosed fact sheet. 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.

If you prefer you can complete this form online at www.homesforislington.org.uk and click on the Valuing Diversity online form. *If your circumstances change please let your local housing office know and fill in a new form so we can update our records.*

Office use

	Tenant/leaseholder	Joint tenant/joint leaseholder
Your full name		
Your full address		
Your date of birth		
Your gender (please circle)	Male/Female/Transgender	Male/Female/Transgender
Your contact telephone number		
Your mobile telephone number		
Your email address		

1. HFI will usually contact its customers by telephone or letter. Please let us know how you would prefer to be contacted. HFI aims to meet your request whenever we can. (tick only one)

	Tenant/leaseholder	Joint tenant/joint leaseholder	Tenant/leaseholder	Joint tenant/joint leaseholder
Letter.....	<input type="checkbox"/>	<input type="checkbox"/>	Home Visit	<input type="checkbox"/> <input type="checkbox"/>
Telephone.....	<input type="checkbox"/>	<input type="checkbox"/>	Text Message.....	<input type="checkbox"/> <input type="checkbox"/>
Email.....	<input type="checkbox"/>	<input type="checkbox"/>		

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

	Tenant/leaseholder	Joint tenant/joint leaseholder	Tenant/leaseholder	Joint tenant/joint leaseholder
Albanian.....	<input type="checkbox"/>	<input type="checkbox"/>	Greek.....	<input type="checkbox"/> <input type="checkbox"/>
Arabic.....	<input type="checkbox"/>	<input type="checkbox"/>	Portuguese.....	<input type="checkbox"/> <input type="checkbox"/>
Bengali.....	<input type="checkbox"/>	<input type="checkbox"/>	Somali.....	<input type="checkbox"/> <input type="checkbox"/>
BSL.....	<input type="checkbox"/>	<input type="checkbox"/>	Spanish.....	<input type="checkbox"/> <input type="checkbox"/>
Cantonese.....	<input type="checkbox"/>	<input type="checkbox"/>	Turkish.....	<input type="checkbox"/> <input type="checkbox"/>
English.....	<input type="checkbox"/>	<input type="checkbox"/>	Other (please state)	

Do you need an interpreter when communicating with HFI? Yes No

Do you need a BSL signer when communicating with HFI?  Yes No

3a. Disability or impairment

	Tenant/ leaseholder	Joint tenant/ joint leaseholder
Are you disabled or do you have a long term health condition?	<input type="checkbox"/>	<input type="checkbox"/>
<i>See covering notes for an explanation of why we are asking this question.</i>		
The definition of disability according to the Disability Discrimination Act 1995 (DDA), is: "A physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities"		

If yes, please select the definition/s from the list below that best describe your disability/impairment or long term health condition. (tick those applicable)

	Tenant/ leaseholder	Joint tenant/ joint leaseholder		Tenant/ leaseholder	Joint tenant/ joint leaseholder
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	I use a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
I am blind	<input type="checkbox"/>	<input type="checkbox"/>	I have a hidden	<input type="checkbox"/>	<input type="checkbox"/>
I have a visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	impairment (e.g. epilepsy, sickle cell, diabetes) <i>(please state)</i>		
I have experience of	<input type="checkbox"/>	<input type="checkbox"/>		
I have a learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>		
I am Deaf	<input type="checkbox"/>	<input type="checkbox"/>	I have another long term	<input type="checkbox"/>	<input type="checkbox"/>
I am hard of hearing or	<input type="checkbox"/>	<input type="checkbox"/>	health condition <i>(please state)</i>		
have a hearing impairment				
I have a physical	<input type="checkbox"/>	<input type="checkbox"/>		
impairment					

3b. If you have a disability/impairment or long term health condition how can HFI help when we communicate with you? HFI aims to meet your needs but it cannot guarantee it will be able to meet all individual requirements. (tick those applicable)

	Tenant/ leaseholder	Joint tenant/ joint leaseholder		Tenant/ leaseholder	Joint tenant/ joint leaseholder
I need written material	<input type="checkbox"/>	<input type="checkbox"/>	I need written material	<input type="checkbox"/>	<input type="checkbox"/>
in Braille			by email as I cannot see to read		
I need written material	<input type="checkbox"/>	<input type="checkbox"/>	I need to be contacted	<input type="checkbox"/>	<input type="checkbox"/>
in LARGE PRINT			by Text phone		
<i>(please state the font</i>			I need written material	<input type="checkbox"/>	<input type="checkbox"/>
<i>size you require)</i>			on Text CD		
I need written material	<input type="checkbox"/>	<input type="checkbox"/>	I need a face to face	<input type="checkbox"/>	<input type="checkbox"/>
to be sent on Tape			interview to explain written material		
I need written material	<input type="checkbox"/>	<input type="checkbox"/>	Please tell us if there is any other way we can meet		
to be sent on Sound CD			your access and communication needs		
I need written material	<input type="checkbox"/>	<input type="checkbox"/>	<i>(If this applies, please say how)</i>		
in Easy read format				
<i>(this is where simple words and pictures are used to</i>				
<i>explain more complex text. It may be useful for a</i>					
<i>person with limited reading skills)</i>					

4. What is your religion or belief? *(please only tick one)*

	Tenant/ leaseholder	Joint tenant/ joint leaseholder		Tenant/ leaseholder	Joint tenant/ joint leaseholder
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	Humanist	<input type="checkbox"/>	<input type="checkbox"/>
No religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Muslim.....	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	<input type="checkbox"/>

Other religion or belief
(please state)

5. How would you describe your ethnic origin? *(please only tick one)*

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

If your ethnic origin is not included above
(please state in the box)

6. Please state your country of origin

7. What is your sexual orientation? (please only tick one)

	Tenant/ leaseholder	Joint tenant/ joint leaseholder		Tenant/ leaseholder	Joint tenant/ joint leaseholder
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual/straight	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Gay woman/lesbian	<input type="checkbox"/>	<input type="checkbox"/>			

8. Are you a gypsy or traveller

	Tenant/ leaseholder	Joint tenant/ joint leaseholder
I am a Gypsy or Traveller	<input type="checkbox"/>	<input type="checkbox"/>

9. If someone helped you to complete this form because you have a visual impairment 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

Any personal information you give us is held securely and will be used only for council purposes. Information that was collected for one council purpose may be used for another council purpose, unless there are legal restrictions preventing this. Islington may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds and/or prevent fraud in line with the National Fraud Initiative guidelines.

Please see www.islington.gov.uk/dataprotection for more information.

Using your information in this way allows us to deliver more efficient services that can be tailored to your individual needs and preferences. All personal information is held in strict confidence.

The use of data by the Audit Commission in a data matching exercise is carried out with statutory authority under its powers in Part 2A of the Audit Commission Act 1998

Please sign and date

	Tenant/leaseholder	Joint tenant/joint leaseholder
Signed		
Date		
Staff use:	Customer declined to complete form <input type="checkbox"/>	Staff name: