

Shared Housing Application Form - Cordale and Caledonia Housing Associations



Name:

167 Main Street
Renton
G82 4PF

Address:

West Dunbartonshire
0800 678 1228

info@cordalehousing.org.uk
info@caledoniaha.co.uk
www.cordalehousing.org.uk
www.caledoniaha.co.uk

This shared application form should be used to apply for housing with Cordale and Caledonia Housing Associations. Please read the guidance notes on page 1 of this form carefully before completing this application.

Verification Documents

Please supply the following:

| | |
|--|--------------------------|
| Proof of identity – birth certificates, passports or driving licences for you and everyone who is moving with you. | <input type="checkbox"/> |
| Proof that you live at your stated current address – copy of a utility bill or council tax notice | <input type="checkbox"/> |
| Proof that your children live with you permanently – proof that you are in receipt of child benefit or child tax credits. | <input type="checkbox"/> |

Office Use Only

| | |
|--------------------------|--|
| Date Received: | |
| Reference Number: | |

Guidance Notes:

We cannot process your application without all supporting information. Supporting information required includes photographic identity and proof of residency. (We can copy your original documents for you at this office and return them to you immediately).

- Please complete this form in ink using capital letters.
- Where a yes/no answer is required, please put a tick (✓) in the appropriate box.
- Please read the questions carefully and answer all the questions that apply to you. If you do not fill in the form properly or give us all the information we need, we will need to return it to you and this will delay your application.
- Once you are on the housing list, we will write to or email you to give you a reference number, a note of your points and your current position on the housing list.
- Please keep us informed of any changes in your circumstances (such as a change of address, or additions to your household), as this may affect the amount of points you will be awarded.

If you would like assistance to complete this form or you would like to request this information in another language, large print or in audio format just get in touch. We are here to help. Contact us:

| | |
|------------------------------|--|
| In writing or at the office: | 167 Main Street, Renton, G82 4PF |
| By telephone: | 0800 678 1228 |
| By email: | info@cordalehousing.org.uk info@caledoniaha.co.uk |

Declaration:

Please read the declaration at the end of this form carefully and then sign it. If it is a joint application, both applicants need to sign. This form should then be sent to our office at the address above. Please ensure that you have included all copies of the relevant supporting information we have asked for.

Data Protection Act 2018:

All the information you provide on this form will be placed on our Housing Association's allocations system and handled in accordance with our privacy policy published here: [click here](#) . You have a right to see information kept on file about your application and ask for any inaccurate information to be removed.

Section 1: Your Details

| | | |
|--|------------------------------|-----------------------------|
| Do you wish to apply for a Joint Tenancy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | Applicant | Joint Applicant |
|-------------------------------------|---|--|
| Title: | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms |
| First Name: | | |
| Surname: | | |
| Date of Birth: | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| National Insurance No: | | |
| Relationship to Applicant: | SELF | |
| Address: | | |
| | | |
| | | |
| Postcode: | | |
| Date moved to address: | | |
| Telephone Number: | | |
| Mobile Number: | | |
| Email Address: | | |
| Contact Address: | | |
| (if different from above) | | |
| Postcode: | | |
| Preferred Method of Contact: | <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text Message | |

| | | |
|---|------------------------------|-----------------------------|
| If you have never held a tenancy before or had a home of your own, would you like to have a chat with one of our staff members to advise what is involved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If yes, one of our staff members will be in touch with you to arrange a suitable appointment

Section 2: Other people to be re-housed with you

Please give details of everyone who lives in your current house:

| | | |
|----------------------------------|--|--|
| Full Name: | | |
| Date of Birth: | | |
| National Insurance No: | | |
| Relationship to you: | | |
| To be re-housed with you: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Name: | | |
| Date of Birth: | | |
| National Insurance No: | | |
| Relationship to you: | | |
| To be re-housed with you: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Name: | | |
| Date of Birth: | | |
| National Insurance No: | | |
| Relationship to you: | | |
| To be re-housed with you: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please provide details of anyone who does not currently reside with you but you would like to be re-housed with you. Please also let us know why they are not living with you and their current address:

| | |
|---------------------------------|--|
| Full Name: | |
| Date of Birth: | |
| National Insurance No: | |
| Relationship to you: | |
| Current Address: | |
| Reason for not residing: | |

| | |
|---------------------------------|--|
| Full Name: | |
| Date of Birth: | |
| National Insurance No: | |
| Relationship to you: | |
| Current Address: | |
| Reason for not residing: | |

If anyone on your application is pregnant, what is their name and when is their baby due?

| Name | Due Date |
|------|----------|
| | |

Please provide proof of pregnancy and expected delivery date

**Please state the reasons why you are applying for a house:
(The more details you provide the better we can assess your needs)**

| | | |
|--|------------------------------|-----------------------------|
| Have you applied to West Dunbartonshire Council for housing or any other local landlords? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If you have not applied for housing with the Council, please note that Cordale and Caledonia Housing Associations have a 50% nomination agreement with the Council, this offers the Council an opportunity to put forward applications from their housing list to us.

Our Associations have a very low turnover of properties therefore it would be advisable to increase your chances of being housed by applying to other local landlords as well as Cordale and Caledonia HA's.

Section 3: Present Accommodation

Please tick the appropriate box below to show your current housing situation:

| | | | |
|------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Cordale Housing Tenant | <input type="checkbox"/> | Tenant of private landlord | <input type="checkbox"/> |
| Caledonia Housing Tenant | <input type="checkbox"/> | Council tenant | <input type="checkbox"/> |
| Other Housing Association | <input type="checkbox"/> | In HM Forces | <input type="checkbox"/> |
| Homeless | <input type="checkbox"/> | In supported accommodation | <input type="checkbox"/> |
| Staying with family/friends | <input type="checkbox"/> | Owner | <input type="checkbox"/> |
| Hospital | <input type="checkbox"/> | No fixed address | <input type="checkbox"/> |
| Prison | <input type="checkbox"/> | In tied accommodation | <input type="checkbox"/> |
| Residential care | <input type="checkbox"/> | Lodger/Sub-let | <input type="checkbox"/> |

**Cordale and Caledonia Housing Association
Housing Application Form**



Please provide your landlords details:

| | Applicant | Joint Applicant |
|-------------------|-----------|-----------------|
| Landlord Name: | | |
| Address: | | |
| | | |
| Postcode: | | |
| Telephone Number: | | |
| Email Address: | | |

| | | |
|---|------------------------------|-----------------------------|
| If you are homeless, have you been interviewed by West Dunbartonshire Council? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Please note that if you are homeless, you will be required to attend an interview with the West Dunbartonshire Council, Homeless Persons Team. They are able to support your immediate needs if temporary accommodation is required.

We can arrange this for you or you can visit the local West Dunbartonshire Council office or Telephone to arrange an appointment 01389 737000

What type of property would you consider?

Please note that should you limit your choices it may take longer to receive an offer of housing due to the low numbers which become available at any one time.

| | | | |
|-----------------------|--------------------------|---|--------------------------|
| Any house type | <input type="checkbox"/> | House only | <input type="checkbox"/> |
| Ground Floor property | <input type="checkbox"/> | Quarter Villa | <input type="checkbox"/> |
| Flat | <input type="checkbox"/> | Renton Extra Care Supported Housing (Sheltered) | <input type="checkbox"/> |
| Amenity Housing | <input type="checkbox"/> | | |

Please also note a single shared assessment of your health needs and a welfare benefits check will be required to be carried out if you wish to be housed in our Supported Housing Accommodation to establish your suitability and funding arrangements.

Only guide and hearing dogs are permitted in this building.

What housing area(s) would you like to be considered for?

Please note that should you limit your choice of areas it may take longer to receive an offer of housing due to the low numbers which become available in each area at any one time. Please consider your choices carefully and tick all that apply. You may select both Landlords if you wish to be considered for their available housing.

| <i>Cordale Housing Association Areas</i> | <input type="checkbox"/> | <i>Caledonia Housing Association Areas</i> | <input type="checkbox"/> |
|--|--------------------------|--|--------------------------|
| <i>Renton Central</i> | <input type="checkbox"/> | <i>Renton Central</i> | <input type="checkbox"/> |
| <i>Dalquhurn</i> | <input type="checkbox"/> | <i>Bellsmyre</i> | <input type="checkbox"/> |
| <i>Renton Extra Care Supported Housing</i> | <input type="checkbox"/> | <i>Bonhill (High Dykes)</i> | <input type="checkbox"/> |
| | | <i>Alexandria</i> | <input type="checkbox"/> |
| | | <i>Dalquhurn (John Street)</i> | <input type="checkbox"/> |

Are you interested in Mutual Exchange?

We operate a Mutual Exchange Scheme, if you are a Housing Association or Council Tenant and are interested in swapping homes with another tenant visit: www.homeswapper.co.uk or request a copy of our mutual exchange policy.

About your current accommodation.

| | Applicant | Joint Applicant |
|--|------------------|------------------------|
| When did you move to your current address? | | |
| What type of property is your present home? (flat, house) | | |
| What floor is it on? | | |
| Total number of bedrooms | | |

Does your house have the following amenities?

| | | |
|-------------------------------|------------------------------|-----------------------------|
| Cooking facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inside toilet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bath/shower | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fixed hot water supply | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|------------------------------|-----------------------------|
| Is the kitchen, living room, bathroom or toilet shared with another household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Is your home in a state of disrepair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If **yes**, please tick one or more of the following and provide more details below:

| | | | |
|----------------------------------|--------------------------|---|--------------------------|
| Leaking roof | <input type="checkbox"/> | Dampness | <input type="checkbox"/> |
| Rotting woodwork | <input type="checkbox"/> | Structural problems | <input type="checkbox"/> |
| Dangerous floor | <input type="checkbox"/> | Faulty wiring | <input type="checkbox"/> |
| Pest infestation | <input type="checkbox"/> | Communal areas in poor condition | <input type="checkbox"/> |
| Other, please state below | <input type="checkbox"/> | | |

Details:

| | | |
|---|------------------------------|-----------------------------|
| Does your landlord know about these problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you informed the Council's Environmental Health Department? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have ticked no. Please contact the Council's Environmental Health Department and they will visit you to assess the degree of disrepair. You should be aware that the Environmental Health Department will contact your landlord about the disrepair in severe cases.

Section 4: Further Information

| | | |
|---|------------------------------|-----------------------------|
| Has anyone ever taken action against you, anyone else in your household or anyone on your application for anti-social behaviour? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If **yes**, please give details below:

| | | |
|--|------------------------------|-----------------------------|
| Was there court action taken? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anti-Social Behaviour Order (ASBO)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Less formal action taken (e.g. verbal or written warning) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|------------------------------|-----------------------------|
| Are you or anyone who will be re-housed with you required to register with the Police? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|



| | | |
|--|------------------------------|-----------------------------|
| Is there anyone in your household or who has to be housed with you on the Sex Offenders Register? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

This will not adversely affect how your application is assessed but it will allow us to work with you and the Sex Offenders Liaison Officer to identify the most appropriate offer of housing to help achieve a successful tenancy.

Section 5: Receiving and Giving Support

| | | |
|--|------------------------------|-----------------------------|
| Do you wish to move to or remain within a particular area to give or receive support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If **yes**, please confirm **which area** you wish to remain in, or move to:

If **yes**, please provide the name and address of the person(s) and their relationship to you:

Please provide details of the type of support received or provided below:

If you require to support or receive support, please provide any supporting evidence/documents which would help verify this need.

| | | |
|--|------------------------------|-----------------------------|
| Do you need to move for threat of violence or harassment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How often does this happen? | | |

If yes, please provide details below. Please provide any police incident reports or other documents which would help verify the situation: (continue on a separate sheet if necessary)

Please list all addresses you have lived at for the last 3 years – we may carry out tenancy checks and ask for references.

| Applicant | | | | | | | |
|-----------|-----------|----|----|---------|----|----|---|
| Address | Date From | | | Date To | | | Name and address of landlord or note if owner occupier and reason for leaving address |
| | DD | MM | YY | DD | MM | YY | |
| | DD | MM | YY | DD | MM | YY | |
| | DD | MM | YY | DD | MM | YY | |
| | DD | MM | YY | DD | MM | YY | |

| Joint Applicant | | | | | | | |
|-----------------|-----------|----|----|---------|----|----|---|
| Address | Date From | | | Date To | | | Name and address of landlord or note if owner occupier and reason for leaving address |
| | DD | MM | YY | DD | MM | YY | |
| | DD | MM | YY | DD | MM | YY | |
| | DD | MM | YY | DD | MM | YY | |
| | DD | MM | YY | DD | MM | YY | |

| | | |
|--|------------------------------|-----------------------------|
| Do you or the joint applicant have rent or mortgage arrears for your current or any previous addresses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If **yes**, please provide the landlord's name and address (this will not prevent you from being offered a home as long as repayment arrangements are in place):

| | | |
|--|------------------------------|-----------------------------|
| How much do you owe? | £ | |
| Have you made arrangements to clear your debt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you maintaining the arrangement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|--|------------------------------|-----------------------------|
| Do you or your partner receive any benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If yes, please tick from the selection below:

| Applicant | | Joint Applicant/Partner | |
|---|--------------------------|---|--------------------------|
| Universal Credits | <input type="checkbox"/> | Universal Credits | <input type="checkbox"/> |
| Income Support | <input type="checkbox"/> | Income Support | <input type="checkbox"/> |
| State Pension/ Occupational Pension | <input type="checkbox"/> | State Pension/ Occupational Pension | <input type="checkbox"/> |
| Child Benefit | <input type="checkbox"/> | Child Benefit | <input type="checkbox"/> |
| Child Tax/Working Tax | | Child Tax/Working Tax | |
| Employment Support Allowance (ESA) | <input type="checkbox"/> | Employment Support Allowance (ESA) | <input type="checkbox"/> |
| Personal Independent Payment (PIP) or Attendance Allowance (AA) | <input type="checkbox"/> | Personal Independent Payment (PIP) or Attendance Allowance (AA) | <input type="checkbox"/> |
| Carer's Allowance | <input type="checkbox"/> | Carer's Allowance | <input type="checkbox"/> |

Please note a welfare benefits/Income check can be arranged if you require this service.

Section 7: Medical Needs

| | | |
|---|------------------------------|-----------------------------|
| Do you or any other member of your household have a medical condition which is made worse by your current housing circumstance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If **yes**, please continue to complete Section 7. If **no**, please go to Section 8 of this application.

Which member(s) of your household is affected by the medical condition?

What is the health/medical condition?

How is your present home unsuitable?

Please provide a letter from your GP, consultant, current landlord or other agency to verify the information you have provided above.

| Mobility | | Stairs Internal/External | |
|---|--------------------------|---------------------------------------|--------------------------|
| Have no problems | <input type="checkbox"/> | Have no problems | <input type="checkbox"/> |
| Confined to bed | <input type="checkbox"/> | Unable to climb stairs | <input type="checkbox"/> |
| Totally wheelchair dependent | <input type="checkbox"/> | Require assistance of carer | <input type="checkbox"/> |
| Can walk indoors with the assistance of carer | <input type="checkbox"/> | Will require assistance of stair lift | <input type="checkbox"/> |
| Can walk indoors/outdoors using a walking aid | <input type="checkbox"/> | Will require assistance of handrails | <input type="checkbox"/> |

| | | |
|---|------------------------------|-----------------------------|
| Have you had any equipment supplied or had any adaptations made to your home due to medical/health reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If yes, please detail below:



Are you currently awaiting aids or adaptations to be made your home?

Yes

No

If yes, please detail these below:

Does your illness/disability mean you need an extra bedroom?

Yes

No

If yes, please detail below why an extra room is required. An additional bedroom will only be considered if it is an essential requirement to support your medical needs:

Please provide a letter from either your GP, Social Worker or Occupational Therapist to support your request for an additional bedroom.

Section 8: Other Information

Are you related to any person who is a Member of the Management Committee or is employed by Cordale or Caledonia Housing Association?

Yes

No

A person is a close relative if they are:-

- The spouse or co-habitee of a governing body member or employee
- The parent, grandparent, child, stepchild, grandchild, brother or sister of a governing body member or employee

If **yes**, please provide details below:

If you have someone who helps you or acts on your behalf and you would prefer us to contact them please give their details and sign the declaration box below:

| | |
|-----------------------------|--|
| Full Name: | |
| Address: | |
| Relationship to you: | |
| Telephone Number: | |
| Declaration | |

Where did you hear about Cordale and Caledonia Housing Associations?

| | | | |
|------------------------------------|--------------------------|--|--------------------------|
| Already live in local area | <input type="checkbox"/> | Already a tenant | <input type="checkbox"/> |
| Friend/relative | <input type="checkbox"/> | Previously lived in local area and wish to return | <input type="checkbox"/> |
| Poster | <input type="checkbox"/> | Local press | <input type="checkbox"/> |
| West Dunbartonshire Council | <input type="checkbox"/> | Associations' website | <input type="checkbox"/> |
| Other website | <input type="checkbox"/> | Other (please specify below) | <input type="checkbox"/> |

Other _____

Section 9: Declaration

I consent to appropriate enquires being made to verify the information contained in this application, including Cordale and Caledonia Housing Association requesting information from my present or past Landlord(s), support agency or any other relevant body concerning my details and conduct of tenancy.

I also agree to advise Cordale and Caledonia Housing Association of any change in circumstances, which may affect this application.

I understand that any false or misleading information deliberately withheld may result in one of the following:

- (a) My application being cancelled or suspended,
- (b) The offer of tenancy being withdrawn,
- (c) Where a tenancy has been granted, the Association will seek repossession.

All information contained in this application will be treated confidentially.

| | |
|--------------------------------------|--|
| Signature of Applicant: | |
| Signature of Joint Applicant: | |
| Date: | |

Privacy Statement

I understand that Cordale and Caledonia Housing Association will collect and retain personal information from me submitted in, and in connection with this application form to be used for the purposes of processing and/or dealing with any matter relating to my application for a tenancy and any subsequently granted tenancy and they will do so in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation and their privacy policy published here: [click here](#) . I understand that the Associations may pass this information to a third party engaged to provide services on its behalf and will take all reasonable steps to ensure that the third party providing the services uses adequate measures to protect my data. I hereby consent to Cordale and Caledonia Housing Association processing my personal data for the aforementioned purposes.

I hereby consent to the disclosure of my personal data including my house file to the Scottish Housing Regulator and any auditor or legal representative instructed by the Association.

| | |
|--------------------------------------|--|
| Signature of Applicant: | |
| Signature of Joint Applicant: | |
| Date: | |

Please move onto Section 10 Equalities Monitoring on the next page. This information is removed from your application and anonymised for Equal Opportunity Monitoring.

Section 10: Equal Opportunities Monitoring Form

By completing this form, you will help us ensure we offer the same services and opportunities to all our customers regardless of their ethnicity, gender, age, disability, sexuality, religion or belief. We collect equality information to meet our obligations in respect of law and regulatory requirement. What you tell us will be treated in the strictest confidence and used for monitoring purposes only and will not affect your application. We process all information collected in line with Data Protection Law and General Data Protection Regulation.

Age Group

| | | | | | | | |
|-------|--------------------------|-------|--------------------------|-------------|--------------------------|-------|--------------------------|
| 18-24 | <input type="checkbox"/> | 25-34 | <input type="checkbox"/> | 35-44 | <input type="checkbox"/> | 45-54 | <input type="checkbox"/> |
| 55-64 | <input type="checkbox"/> | 65-74 | <input type="checkbox"/> | 75 and over | <input type="checkbox"/> | | |

Belief or religion

Please tell us what best describes your belief or religion from the list below:

| | |
|---|--------------------------|
| No specific belief in religion (for example atheism or agnosticism) | <input type="checkbox"/> |
| Buddhism | <input type="checkbox"/> |
| Christianity - Catholic | <input type="checkbox"/> |
| Christianity – Protestant | <input type="checkbox"/> |
| Christianity – Other (please specify) | <input type="checkbox"/> |
| Hinduism | <input type="checkbox"/> |
| Islam | <input type="checkbox"/> |
| Judaism | <input type="checkbox"/> |
| Sikhism | <input type="checkbox"/> |
| Other religion (please specify) | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Disability

| | | |
|---------------------------|------------------------------|-----------------------------|
| Are you a disabled person | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prefer not to say | <input type="checkbox"/> | |

Ethnicity

Within the Equalities Act 2010, race includes colour, nationality and ethnic origins (ethnicity). In this section, we make use of all three terms in line with the national census.

Please tick the box that best describes your particular group?

| | |
|---|--------------------------|
| African | |
| African, African Scottish or African British | <input type="checkbox"/> |
| Other African background (please specify) | <input type="checkbox"/> |
| Asian, Scottish Asian or British Asian | <input type="checkbox"/> |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British | <input type="checkbox"/> |
| Indian, Indian Scottish or Indian British | <input type="checkbox"/> |
| Pakistani, Pakistani Scottish or Pakistani British | <input type="checkbox"/> |
| Chinese, Chinese Scottish or Chinese British | <input type="checkbox"/> |
| Other Asian background (please specify) | <input type="checkbox"/> |
| Black or Caribbean | |
| Caribbean, Caribbean Scottish or Caribbean British | <input type="checkbox"/> |
| Black, Black Scottish or Black British | <input type="checkbox"/> |
| Other Caribbean or Black background (please specify) background | <input type="checkbox"/> |
| Mixed groups | |
| Mixed or multiple ethnic group (please specify) | <input type="checkbox"/> |
| White | |
| Gypsy Traveller | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| Polish | <input type="checkbox"/> |
| Roma | <input type="checkbox"/> |
| Scottish | <input type="checkbox"/> |
| Other | |
| Other Groups (e.g. Canadian, French, Italian etc) (please specify) | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Marriage or civil partnership

| | |
|--|--------------------------|
| Are you presently in a civil partnership | <input type="checkbox"/> |
| Are you presently married | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Sex

| | |
|--------------------------------------|--------------------------|
| What is your sex (assigned at birth) | |
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |
| Intersex | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Gender re-assignment

| | | |
|--|------------------------------|-----------------------------|
| Do you consider yourself to be a trans person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prefer not to say | <input type="checkbox"/> | |

Sexual Orientation

| | |
|----------------------------------|--------------------------|
| What is your sexual orientation? | |
| Bi/bisexual | <input type="checkbox"/> |
| Gay Man | <input type="checkbox"/> |
| Heterosexual / Straight | <input type="checkbox"/> |
| Lesbian | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |