

PROVIDING QUALITY HOMES THROUGHOUT WALES

Understanding our residents



You may look at this form and wonder why we're asking for this information. We provide services to 25,000 people living in 9,000 properties across Wales. It's important we know about you so we can tailor our services to meet your needs. **You may feel some of the questions are too personal - please answer as many as you can. The information you give us will help us to provide you with the right service.**



CUSTOMER SERVICE EXCELLENCE



CYMRU

DIVERSITY CHAMPION

What will we do with the information?

We'll record this information on our computer database. If you are disabled, or if you have any special cultural requirements, we have asked you if we can share this information with our contractors. This is so we can provide you with a better service, for example, make sure a family member is with you when a contractor calls. We'll only share this information if you give us permission.



DARPARU CARTREFI O ANSAWDD TRWY GYMRU

We'll analyse the information to produce general statistics. This may show, for example, that residents living in a certain area have a specific requirement, so we'll take this into account when providing services. However, we'll also have information about your household so we can look at how we can meet your individual needs. For example, we would provide you with large print documents or make sure a family member is present when we visit you, if that is what you want.

If you have any queries about the questions in this form, or if you would like help in completing it, then please speak to your Housing Officer or telephone the Customer Service Centre on 0800 052 2526.

This form is important. It asks for up-to-date information about you and your household, so that we can provide you with services that meet your needs.

If you would like this form in Braille, audio tape or CD, please ask us.

If you would like this information in another language or format, please ask us.

Os hoffech chi gael gwybodaeth mewn iaith neu fformat arall, cofiwch ofyn i ni.

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઈતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

ئەگەر زانیاریت بە زمانیکی که یا بە فۆرمیکی که دەوی تکایە داوامان لی بکه

Jeżeli chciałoby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Haddii aad rabtid in warar lagugu siyo hab luuqadeed o kale, fadlan na soo waydiiso.

Part 1: Contact Details**Q1: Please tell us your contact details so we can update our records.****Address:****Postcode:****Do you wish us to send letters to a different address? If yes, please write this address below:****Address:****Postcode:****Resident 1****Resident 2**

Surname

Surname

Other Names

Other Names

Title: Mr Mrs Miss Ms Other Title: Mr Mrs Miss Ms Other

Date of Birth

Date of Birth

Please tick Male Female *Please tick* Male Female

Home phone no.

Home phone no.

Work phone no.

Work phone no.

Mobile

Mobile

Minicom no.

Minicom no.

Email address

Email address

N.I. number

N.I. number

Part 2: You and your household

In this section we ask for personal information that you may find sensitive. All replies will be treated in the strictest confidence and you can refuse to answer any particular question, however, we would be grateful if you could answer as many as you can.

Q2: Please tell us about any other people that live with you.

	Title	First names	Surname	Male or Female	Date of Birth	Date moved in
1						
2						
3						
4						
5						
6						
7						

Q3: What is your religion? *Please tick one box for each resident. The numbers here should match the number you gave the person in Question 1 (Resident 1 and 2).*

	Resident	
	1	2
Buddhist		
Christian		
Hindu		
Jewish		
Muslim		
Sikh		
No religion		
Other <i>please write in</i>		
Prefer not to say		

Q4: What is your ethnic origin? Please tick one box for each person. The numbers here should also match the number you gave the person in Questions 1 & 3 (Resident 1 and 2) and 2 (Other people).

	Resident		Other people						
	1	2	1	2	3	4	5	6	7
White:									
British									
English									
Gypsy or Irish traveller									
Irish									
Scottish									
Welsh									
Other White <i>please write in:</i>									
Mixed Race:									
White & Black Caribbean									
White & Black African									
White & Asian									
Other mixed <i>please write in:</i>									
Asian or Asian British:									
Indian									
Pakistani									
Bangladeshi									
Chinese									
Other Asian <i>please write in:</i>									
Black or Black British:									
Caribbean									
African									
Other Black <i>please write in:</i>									
Other Ethnic Groups:									
Other Ethnic <i>please write in:</i>									
Prefer not to say:									

Q5: What is your sexual orientation? We need to monitor sexual orientation to ensure our services are fair and able to meet the needs of residents. Tick one box for each resident. The numbers here should match the number you gave the person in Question 1 (Resident 1 and 2).

	Resident	
	1	2
Bisexual		
Gay man		
Gay woman / lesbian		
Heterosexual / straight		
Other <i>please write in</i>		
Prefer not to say		

Q6: Do you or any person who lives with you, have religious or cultural requirements that you would like us to be aware of when we visit you at home or when you call into the office? *If yes, please give details below.*

Q7: Does any member of your household consider themselves to be disabled? (The Disability Discrimination Act (1995) defines disability as a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'). *The numbers here should match the number you gave the person in Questions 1 (Resident 1 and 2) and 2 (Other people). Tick one box for each person.*

				Resident		Other People							
				1	2	1	2	3	4	5	6	7	
No		Go to question 9b	Yes										

Q8: If you have answered 'yes' to question 7 please tell us the nature of the disability for each person. *Please tick as many boxes as apply for each person. The numbers here should match the number you gave the person in Questions 1 (Resident 1 and 2) and 2 (Other people).*

	Resident		Other people						
	1	2	1	2	3	4	5	6	7
Wheelchair user									
Mobility impairment									
Sensory impairment: Sight/visual									
Hearing									
Learning impairment									
Mental/Emotional Distress (mental health issues)									
Health related long term illness									
Other <i>please write in</i>									

Q9a: Do you, or any person who lives with you, have any disability related needs that you would like us to be aware of when we visit you at home or when you call into the office? *If yes, please give details below.*

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Q9b: If you have provided information in response to Q6, 8 or 9a above, do you give us permission to let our contractors know? This is so they can provide an improved service to you, for example, allowing extra time for you to answer the door. *Please tick boxes*

Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	
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Q10: Do you have a support worker, family member or friend who helps you with housing matters? *Please tick boxes*

Yes	<input type="checkbox"/>	Please go to question 11	No	<input type="checkbox"/>	Please go to question 12
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Q11: Do you give your permission for us to discuss matters concerning your tenancy with this person? Please tick boxes

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please go to question 12
				Resident
				1 2
Who does this person support?				
Name				
Relationship to you (<i>eg support worker, family member</i>)				
Address				
Postcode				
Telephone no.				

Q12: If you need support with your tenancy and are not getting it, please give us details.

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Q13: Please give us details of your next of kin to contact in the event of an emergency.

Name
Relationship to you
Address
Postcode
Telephone no.

Q14: If English is your first language and you have difficulty with reading and writing, please tell us below. Please tick boxes

	Resident	
	1	2
I have difficulty with reading		
I have difficulty with writing		

Q15: If you prefer to communicate in British Sign Language (BSL) please tell us below. Please tick boxes

	Resident	
	1	2
British Sign Language User		

Q16: If you need us to communicate in a language other than English please write in the language below.

	Resident	
	1	2
Spoken		
Written		

Q17: If you would prefer the information you receive from us to be in any of the alternative formats below, please tell us.
Please tick boxes.

	Resident	
	1	2
Large print		
Braille		
Audio tape		
CD		
Other <i>please tick and write in</i>		

Thank you for completing this form. If you have any comments about this form or anything else you would like to tell us, please let us know below. Please continue on another sheet if necessary.

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The information you have provided will be kept confidential to the Association unless you have given permission for us to share certain information with our contractors. We will use the information to improve services to residents.

Signed (Resident 1)	Date
Signed (Resident 2)	Date

If you would like to contact us please telephone:
0800 052 2526, minicom **0800 052 5205**,
or email us at: **info@wwha.co.uk**
After you have filled in this form, please send it to us
in the pre-paid envelope provided.

*Wales & West Housing Association is registered as a charitable association under the Industrial and Provident Societies Act 1965 No. 21114R
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