



Dear

We are writing to you today as part of further investigations into your current home being redeveloped as part of the council's new homes programme. Officers from the new homes delivery team contacted you recently to discuss potential proposals and the next stage in the process is to gather some further information on affected residents.

This information is being gathered to ensure that the Council operates in accordance with the Equalities Act 2011 and will be used to measure the impact of any redevelopment. It may be used to steer the type of housing provided (for example, wheelchair accessible homes) so please take a few minutes to complete the below questionnaire and return it to us as soon as possible.

All responses will be confidential and in accordance with the council's policy on data protection, which is also outlined below. At the bottom of the questionnaire there is a further statement regarding you giving your consent to provide this information.

Southwark Council is committed to the principle that all our customers have the right to equality and fairness in the way they are treated and in the services that they receive. If you answer the questions below it will help us to check that we are providing services fairly and that they are accessible to all. You do not need to answer any of the following questions if you do not wish to and you will not be affected in any way if you choose not to answer any, or some, of the questions. Any information you do give will be used to see if there are any differences in the extent to which different groups of people are accessing our services. The information in this section will be used for no other purpose than for monitoring the fairness and effectiveness of our service delivery and employment practices. No personal information which can identify you, such as your name or address, will be used in producing equality reports. We will follow our Data Protection Act policy to keep your information secure and confidential.

Age		
Are you...		
<input type="checkbox"/> Under 16	<input type="checkbox"/> 35-44	<input type="checkbox"/> 75-84
<input type="checkbox"/> 16-17	<input type="checkbox"/> 45-54	<input type="checkbox"/> 85-94
<input type="checkbox"/> 18-24	<input type="checkbox"/> 55-64	<input type="checkbox"/> 95+
<input type="checkbox"/> 25-34	<input type="checkbox"/> 65-74	



Disability and health	
Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?	<input type="checkbox"/> Yes, limited a little <input type="checkbox"/> Yes, limited a lot <input type="checkbox"/> No, not limited
Please tick a box or boxes below which best describes the nature of your impairment(s):	
<input type="checkbox"/>	Hearing / Vision (e.g. deaf, partially deaf or hard of hearing; blind or partial sight.)
<input type="checkbox"/>	Physical / Mobility (e.g. wheelchair user, arthritis, multiple sclerosis etc)
<input type="checkbox"/>	Mental health (lasting more than a year. e.g. severe depression, schizophrenia etc)
<input type="checkbox"/>	Learning difficulties (e.g. dyslexia, dyspraxia etc)
<input type="checkbox"/>	Memory problems (e.g. alzheimer's etc)
If you wish to specify your impairment, please do so here:	
National identity	
What do you consider to be your national identity?:	
Ethnicity	
What do you consider to be your ethnicity? Please pick one section below and tick one box.	
White or White British	
<input type="checkbox"/> British <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh	<input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy, Roma or Irish Traveller <input type="checkbox"/> Other European
<input type="checkbox"/> Other White (please specify if you wish):	
Black or Black British	
<input type="checkbox"/> Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> Nigerian <input type="checkbox"/> Ghanaian	<input type="checkbox"/> Sierra Leonean <input type="checkbox"/> Somali <input type="checkbox"/> Other African
<input type="checkbox"/> Other Black (please specify if you wish):	
Asian or Asian British	
<input type="checkbox"/> Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese	<input type="checkbox"/> Pakistani <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino
<input type="checkbox"/> Any other Asian (please specify if you wish):	
Mixed Background	

<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian
<input type="checkbox"/> Other mixed background (please specify if you wish):
Other Ethnicities
<input type="checkbox"/> Arab <input type="checkbox"/> Latin American (please specify if you wish): <input type="checkbox"/> Any other ethnicity (please specify if you wish):

Preferred language	
What is your preferred language?	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify if you wish):

Religion or belief	
What is your religion or belief?	<input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Sikh <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/> Buddhist <input type="checkbox"/> No religion
<input type="checkbox"/> Other religion or belief (please specify if you wish):	

Marriage or civil partnership status	
Are you married or in a civil partnership?	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Registered in a civil partnership <input type="checkbox"/> Formerly in a civil partnership which is now legally dissolved <input type="checkbox"/> Surviving member of a civil partnership <input type="checkbox"/> Never married or never in a civil partnership

Sex	
Are you...	<input type="checkbox"/> Male <input type="checkbox"/> Female

Gender reassignment	
Is your gender identity the same as the gender you were assigned at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pregnancy or maternity

Are you currently pregnant and / or on maternity leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Sexual orientation		
Are you...	<input type="checkbox"/> Hetrosexual/straight <input type="checkbox"/> Lesbian/Gay woman	<input type="checkbox"/> Gay man <input type="checkbox"/> Bi-sexual
If you prefer to use your own term please specify this here:		

I confirm that I give consent to Southwark Council to hold the following information which relates to me for the purposes described above

Please return this form to me at the earliest opportunity. If you have any further concerns or questions please do not hesitate to contact me

Yours sincerely

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