

Q1. Name:

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Q2. Address, including postcode:

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Q3. Email address/telephone number:

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Q4. Are you a....

- Tenant*
 *Freeholder (service charge payer)*  
 *Leaseholder*
 *Other, please state*

Q5. What is your gender?

- Male*
 *Female*

Q6. What age group are you?

- 18-24*
 *37-48*
 *65+*  
 *25-36*
 *49-64*

Q7. Do you require us to make any special arrangements for how we communicate with you?

	Yes	No
Q7.1. Large Print	<input type="checkbox"/>	<input type="checkbox"/>
Q7.2. Braille	<input type="checkbox"/>	<input type="checkbox"/>
Q7.3. Audio Cassette/CD	<input type="checkbox"/>	<input type="checkbox"/>
Q7.4. Written/spoken translation into main language	<input type="checkbox"/>	<input type="checkbox"/>
Q7.5. Makaton	<input type="checkbox"/>	<input type="checkbox"/>
Q7.6. Other	<input type="checkbox"/>	<input type="checkbox"/>

Q8. I am interested in the following postal involvement opportunities

- Readers Panel*  
 *Surveys and Questionnaires*

**Q9.** The following are involvement opportunities that are available to residents, please indicate those that you interested in by indicating the time(s) you are available. Please tick all that apply.

	Morning	Afternoon	Evening
<b>Q9.1.</b> Young People Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.2.</b> Estate Advocates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.3.</b> Focus Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.4.</b> Estate Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.5.</b> Editorial Panel (Housing Newsletter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.6.</b> Mystery Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.7.</b> Resident Inspectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.8.</b> Major Works Procurement and Planning Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.9.</b> Customer Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.10.</b> Staff Recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.11.</b> Residents Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.12.</b> Repairs & Maintenance Improvement Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.13.</b> Estate Services Improvement Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.14.</b> Anti Social Behaviour Improvement Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.15.</b> Leasehold Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.16.</b> Freehold Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.17.</b> Street Properties Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.18.</b> Youth Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.19.</b> Disability Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9.20.</b> Diversity and Equalities Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We monitor a range of information about our customers to help us to provide a suitable service and ensure people are not discriminated against because of their race, culture, language, disability, faith or sexual orientation. Please provide us with the following information about you?

**Q10.** Do you have a disability? (tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> <i>Blind</i>             | <input type="checkbox"/> <i>Learning Difficulties</i> |
| <input type="checkbox"/> <i>Partially Sighted</i> | <input type="checkbox"/> <i>Limited Mobility</i>      |
| <input type="checkbox"/> <i>Profoundly deaf</i>   | <input type="checkbox"/> <i>Wheelchair use</i>        |
| <input type="checkbox"/> <i>Partial hearing</i>   | <input type="checkbox"/> <i>Mental Health</i>         |
| <input type="checkbox"/> <i>Speech Impairment</i> | <input type="checkbox"/> <i>None</i>                  |
| <input type="checkbox"/> <i>Other</i> _____       |   |

**Q11.** What is the main language you use?

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**Q12.** What is your religion?

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Christian</i> | <input type="checkbox"/> <i>Sikh</i>               |
| <input type="checkbox"/> <i>Buddhist</i>  | <input type="checkbox"/> <i>Any other religion</i> |
| <input type="checkbox"/> <i>Hindu</i>     | <input type="checkbox"/> <i>Prefer not to say</i>  |
| <input type="checkbox"/> <i>Jewish</i>    | <input type="checkbox"/> <i>Other</i> _____        |

**Q13.** What is your sexual orientation?

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Hetrosexual</i>        | <input type="checkbox"/> <i>Bisexual</i>          |
| <input type="checkbox"/> <i>Gay man/Homosexual</i> | <input type="checkbox"/> <i>Other</i>             |
| <input type="checkbox"/> <i>Gay woman/Lesbian</i>  | <input type="checkbox"/> <i>Prefer not to say</i> |

**Q14.** What is your ethnicity?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <i>White British</i>                   | <input type="checkbox"/> <i>Mixed White and Asian</i>              | <input type="checkbox"/> <i>Asian or Asian British Other</i>     |
| <input type="checkbox"/> <i>White Irish</i>                     | <input type="checkbox"/> <i>Mixed Other</i>                        | <input type="checkbox"/> <i>Black or Black British Caribbean</i> |
| <input type="checkbox"/> <i>White Other</i>                     | <input type="checkbox"/> <i>Asian or Asian British Indian</i>      | <input type="checkbox"/> <i>Black or Black British African</i>   |
| <input type="checkbox"/> <i>Mixed White and Black Caribbean</i> | <input type="checkbox"/> <i>Asian or Asian British Pakistani</i>   | <input type="checkbox"/> <i>Black or Black British Other</i>     |
| <input type="checkbox"/> <i>Mixed White and Black African</i>   | <input type="checkbox"/> <i>Asian or Asian British Bangladeshi</i> | <input type="checkbox"/> <i>Chinese</i>                          |
| <input type="checkbox"/> <i>Other</i> _____                     |  |  |

Thank you for taking the time to complete this survey