

TENANCY AUDIT

Why you need to fill in the form

MVHA is required to carry out regular reviews of its tenancy records and we would like you to help us by completing this form. We will use this information to help us understand the different needs of the people we provide services to. This information will remain confidential and your personal details will be treated accordance with the Data Protection Act. This form should be completed by the Lead Tenant where possible.

PLEASE COMPLETE IN BLOCK CAPITALS

1. Contact Details

Address:

 Postcode:

Daytime Tel No: () Evening Tel No: ()

Mobile Tel No: Email:

When is the best time to contact you?

2. Household Details

Title	First name	Surname	Date of birth	Gender ✓	Relationship to
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Lead Tenant
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Lead Tenant
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Lead Tenant
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Lead Tenant
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Lead Tenant
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Lead Tenant
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	Lead Tenant

3. Service Adjustments

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, language, disability, faith or sexual orientation.

Please provide us with the following information to help us do this.

What is the first language used by the lead tenant?

What is the ethnicity of the lead tenant? *(tick one box only)*

White	British	<input type="checkbox"/> 1	Black/Black British	Caribbean	<input type="checkbox"/> 12
	Irish	<input type="checkbox"/> 2		African	<input type="checkbox"/> 13
	Other	<input type="checkbox"/> 3		Other	<input type="checkbox"/> 14
Mixed	White & Black Caribbean	<input type="checkbox"/> 4	Chinese/other ethnic group	Chinese	<input type="checkbox"/> 15
	White & Black African	<input type="checkbox"/> 5		Other	<input type="checkbox"/> 16
	White & Asian	<input type="checkbox"/> 6			
	Other	<input type="checkbox"/> 7			
Asian/Asian British	Indian	<input type="checkbox"/> 8			
	Pakistani	<input type="checkbox"/> 9			
	Bangladeshi	<input type="checkbox"/> 10			
	Other	<input type="checkbox"/> 11	Prefer not to say		<input type="checkbox"/> 17

3. Service Adjustments continued

Does the lead tenant belong to one or more of these groups? *(Tick all boxes that apply.)*

- | | | | |
|--------------------|--------------------------|---------|--------------------------|
| Gypsy or Traveller | <input type="checkbox"/> | Refugee | <input type="checkbox"/> |
| Migrant Worker | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Does anyone in the household consider themselves as having a disability?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

What type of disability does the lead tenant (or a member of the household) have? *(Tick all boxes that apply.)*

- | | | | |
|-----------------------|--------------------------|---|--------------------------|
| Blind | <input type="checkbox"/> | Partially sighted | <input type="checkbox"/> |
| Profoundly deaf | <input type="checkbox"/> | Partial hearing | <input type="checkbox"/> |
| Speech impairment | <input type="checkbox"/> | Learning difficulties | <input type="checkbox"/> |
| Limited mobility | <input type="checkbox"/> | Physical co-ordination difficulties | <input type="checkbox"/> |
| Wheelchair use (full) | <input type="checkbox"/> | Wheelchair use (partial) | <input type="checkbox"/> |
| Mental health | <input type="checkbox"/> | Other <i>(please note in the box below)</i> | <input type="checkbox"/> |

MVHA has a policy of equal access regardless of language needs or disability.

Do you require any particular communication arrangements?

- | | | | |
|---|--------------------------|---|--------------------------|
| Written translation into first language | <input type="checkbox"/> | Spoken interpretation into first language | <input type="checkbox"/> |
| Large print English | <input type="checkbox"/> | Large print first language | <input type="checkbox"/> |
| Audio CD | <input type="checkbox"/> | Audio cassette | <input type="checkbox"/> |
| Braille | <input type="checkbox"/> | Pictorial | <input type="checkbox"/> |
| Type Talk | <input type="checkbox"/> | Makaton | <input type="checkbox"/> |
| British Sign Language interpreter | <input type="checkbox"/> | Minicom | <input type="checkbox"/> |
| Text | <input type="checkbox"/> | | |

Do you need any other particular arrangements or adjustments to the service provided by MVHA?

(If yes, please give details)

3. Service Adjustments continued

What is the religion of the lead tenant? *(Please tick box)*

- | | | | |
|--|--------------------------|-------------------|--------------------------|
| None | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Christian
(including Church of England,
Catholic, Protestant and all other
Christian denominations) | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Any other religion <i>(Please write below)</i> | <input type="checkbox"/> | | |

What is the sexual orientation of the lead tenant? *(Please tick box)*

- | | | | |
|--------------|--------------------------|-------------------|--------------------------|
| Heterosexual | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Gay woman | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

4. Getting involved

Is any member of the household interested in being consulted on how services are delivered?

- | | | | |
|-----|--------------------------|---|--------------------------|
| Yes | <input type="checkbox"/> | If NO please tick the box
and tell us why in the box below | <input type="checkbox"/> |
|-----|--------------------------|---|--------------------------|

If YES, how would they like to be involved?

- | | | |
|---|--------------------------|----------------------|
| Telephone (e.g. satisfaction surveys) | <input type="checkbox"/> | <input type="text"/> |
| Attending focus groups | <input type="checkbox"/> | <input type="text"/> |
| In writing (e.g. questionnaires) | <input type="checkbox"/> | <input type="text"/> |
| Face-to-face meetings | <input type="checkbox"/> | <input type="text"/> |
| By e-mail | <input type="checkbox"/> | |
| Other <i>(please note in the box below)</i> | <input type="checkbox"/> | |

5. Occupier's declaration

I / we declare that I /we live at the above address and nowhere else, and that the above information is true and accurate to the best of my / our knowledge.

Signed: Date:

Signed: Date:

Please return this form in the enclosed reply paid envelope to
Mole Valley Housing Association, Regent House, Station Approach, Dorking, Surrey, RH4 1TF
 In the envelope provided by **28TH JULY 2008**

Alternative formats

If you would like this document in larger print or another format or language please contact:

Mole Valley Housing Association,
Regent House,
Station Approach,
Dorking,
Surrey,
RH4 1TF

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Email: info@mvha.org.uk

www.mvha.org.uk