



HOUSING LIST EQUAL OPPORTUNITIES MONITORING FORM

PLEASE TICK THE APPROPRIATE BOX IN EACH SECTION, AND RETURN WITH YOUR APPLICATION FORM.

1. GENDER

Are you Male Female

2. DISABILITY

Do you consider yourself to have a disability? Yes No

Is anyone in your household registered disabled? Yes No

3. ETHNIC ORIGIN

(i)	White	<input type="checkbox"/>
	(a) Scottish	<input type="checkbox"/>
	(b) Other British	<input type="checkbox"/>
	(c) Irish	<input type="checkbox"/>
	(d) Gypsy/Traveller	<input type="checkbox"/>
	(e) Polish	<input type="checkbox"/>
	(f) Any other white background	<input type="checkbox"/>

(ii)	Mixed or multiple ethnic background	<input type="checkbox"/>
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(iii)	Asian, Asian Scottish, Asian British	<input type="checkbox"/>
	(a) Indian	<input type="checkbox"/>
	(b) Pakistani	<input type="checkbox"/>
	(c) Bangladeshi	<input type="checkbox"/>
	(d) Chinese	<input type="checkbox"/>
	(e) Any other Asian background	<input type="checkbox"/>

(iv)	Black, Black Scottish, Black British	<input type="checkbox"/>
	(a) Caribbean	<input type="checkbox"/>
	(b) African	<input type="checkbox"/>
	(c) Any other Black Background	<input type="checkbox"/>

(v)	Other Ethnic Background	<input type="checkbox"/>
	(a) Arab, Arab Scottish or Arab British	<input type="checkbox"/>
	(b) Any Other Group	<input type="checkbox"/>

(vi)	Unknown	<input type="checkbox"/>
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THANK YOU FOR YOUR CO-OPERATION