

**Prize Draw!**  
Return this form for  
the chance to win £50  
in shopping vouchers

## Survey – All About You!

It's important that we hold up to date information about all our customers. We are also committed to treating everyone fairly and respectfully.

We would like you to fill in this form so we can update the details we have about you. This information will help us know important things about you and your needs. In turn, it means we can provide you with the best service possible – and deliver our services in a way that suits you.

We also want to check that we have correct details about other people that live with you.

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**If you have any questions about this form or need help completing it,  
please contact us on:  
0800 678 1228 or speak to a member of staff.**

**If you prefer, you can complete the form online (visit [www.caledoniaha.co.uk](http://www.caledoniaha.co.uk))  
or by phoning our Customer Services Team on: 0800 678 1228**

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Please return your completed form in the prepaid envelope provided, by **18<sup>th</sup> November 2013**. Everyone who returns a completed form will be entered into our prize draw. (Forms completed online or by telephone will also be included).

If we don't receive your form we may telephone or visit you to try and gather the information. Alternatively, we may ask you the questions in this form the next time you contact us.

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### How to Complete this Form

Write the correct information on the form or telephone us on 0800 678 1228. The form contains space for information to be provided for a joint tenant or joint sharing owner, if there is one.

<b>1. Personal Details</b>			
<b>Your Address</b>			
	<b>Tenant / Sharing Owner</b>		<b>Joint Tenant / Joint Sharing Owner</b>
<b>First name(s)</b>			
<b>Surname</b>			
<b>Title</b>			
<b>Date of Birth</b>			
<b>Gender</b> (Please tick relevant boxes)	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/>
<b>Marital Status</b> (Please tick relevant box)	Married <input type="checkbox"/> Single <input type="checkbox"/> Civil Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/>		Married <input type="checkbox"/> Single <input type="checkbox"/> Civil Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/>
<b>2. Contact Information</b>			
Telephone Number 1			
Telephone Number 2			
Telephone Number 3			
Email address			

<b>3. People Who Live With You (continue on a separate sheet if required)</b>						
Title	First Name(s)	Surname	Date of Birth	Gender	Relationship to you	For Office Use

<b>4. Communication</b>					
i)	Can you speak English?  (Please tick relevant box and give details as necessary)	<b>Tenant / Sharing Owner</b>		<b>Joint Tenant / Sharing Owner</b>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/> Preferred spoken language: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/> Preferred spoken language: _____
ii)	Can you read English?  (Please tick relevant box and give details as necessary)	<b>Tenant / Sharing Owner</b>		<b>Joint Tenant / Sharing Owner</b>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/> Preferred reading language: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/> Preferred reading language: _____
iii)	If you would like information we send you to be in another format, please tell us about this:				
iv)	If you would find it helpful for us to contact you in a particular way, please tell us about this:				
v)	If you prefer we contact someone else on your behalf, (for example, a relative or support worker), please tell us about this and provide their contact details:				
vi)	Do you have any special requirements we should be aware of if we need to visit or meet with you?	<b>Tenant / Sharing Owner</b>		<b>Joint Tenant / Joint Sharing Owner</b>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Please tick all that apply:</b> <ul style="list-style-type: none"> <li>• I need a British Sign Language (BSL) interpreter</li> <li>• I need a Language interpreter</li> <li>• Please knock loudly</li> <li>• Please give me time to get to the door</li> <li>• Please let me know when you are coming so I can arrange to have someone with me</li> <li>• Hearing loop system / personal amplifier required</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please detail):				
vi)	Do you have home / personal access to the internet?	<b>Tenant / Sharing Owner</b>		<b>Joint Tenant / Joint Sharing Owner</b>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>5. Health</b>					
i)	Are you disabled?	Tenant / Sharing Owner		Joint Tenant/Joint Sharing Owner	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Please tick all that apply:</b> <ul style="list-style-type: none"> <li>• Wheelchair user</li> <li>• Mobility issues (difficulty moving around the house)</li> <li>• Visual impairment (blindness, partial sight)</li> <li>• Hearing impairment (deafness, hearing loss)</li> <li>• Learning disability (including Down's syndrome or dyslexia) or cognitive impairment (such as autism or head injury)</li> <li>• Long standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)</li> <li>• Mental health condition (such as depression or schizophrenia)</li> <li>• Prefer not to say</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Please detail):				

<b>6. Religion</b>					
i)	What is your religion or belief? (Please tick relevant box)	Tenant / Sharing Owner		Joint Tenant / Joint Sharing Owner	
			No religion Christian (all denominations) Buddhist Hindu Jewish Muslim Sikh Other (please state) _____ Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

<b>7. Ethnic Origin</b>			
		Tenant / Sharing Owner	Joint Tenant / Joint Sharing Owner
i)	How would you describe your ethnic origin? (Please tick one box only)		
	<b>White</b> (a) Scottish (b) Other British (c) Irish (d) Gypsy/traveller (e) Polish (f) any other white background	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Mixed or multiple ethnic background</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Asian, Asian Scottish, Asian British</b> (a) Indian (b) Pakistani (c) Bangladeshi (d) Chinese (e) Any other Asian background	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Black, Black Scottish, Black British</b> (a) Caribbean (b) African (c) Any other black background	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Other ethnic background</b> (a) Arab, Arab Scottish or Arab British (b) any other group	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<b>Prefer not to say</b>	<input type="checkbox"/>	<input type="checkbox"/>

<b>8. Sexual Orientation</b>			
		Tenant / Sharing Owner	Joint Tenant / Joint Sharing Owner
i)	How would you define your sexuality? (Please tick relevant box) Bisexual Gay Man Gay Woman / lesbian Heterosexual / straight Prefer not to say	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>9. Benefit Changes</b>			
i)	Do you feel you know enough about Welfare Reform – and the changes to the benefits system that are currently taking effect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii)	If you would like us to contact you about this, please tick this box	<input type="checkbox"/>	

Thank you for taking the time to complete this form. Please sign the Data Protection Statement below then send your form back to us in the pre-paid envelope provided, by **18<sup>th</sup> November 2013**, to be entered into our prize draw.

**If your information changes at any time in future,  
please let us know so we can update your records.**

### Data Protection Statement

Caledonia Housing Association values the information you have provided. We will only use this information for the purposes outlined in this form, and with the overall aim of providing a better service to you. We will not share it with anyone else unless they are a contractor acting directly on our behalf in providing a service to you, or we are required to do so by law.

By signing this form, you give Caledonia Housing Association permission to use your information in the ways described in this form.

Signed (Tenant) \_\_\_\_\_ Date \_\_\_\_\_  
(Joint Tenant) \_\_\_\_\_ Date \_\_\_\_\_

### Using Your Information

We recognise your right to privacy and confidentiality and will handle any information you provide in this form in accordance with the Data Protection Act 1998. The information you give us will only be used in the following ways:

- To help us keep our records up to date
- To help us respond appropriately when you contact us, making sure we recognise and are sensitive to your needs.
- To help us communicate information to you in the right way.
- To produce statistical information. This can be for use internally to plan and develop services. We are also required to report key facts and figures to other organisations – for example, to our regulators. These facts and figures never identify any individual person or their circumstances.
- We may share certain information with those who are providing a service to you on our behalf. For example, if you tell us you have mobility difficulties, we would advise our repairs contractors of this when necessary. They would then know to give you extra time to get to the door.

You have a right to ask us for a copy of information we hold about you. We may charge you a fee for providing this information. We are happy to provide more details about this on request.

### Contact Us



Area Office – Dundee  
118 Strathern Road  
Broughty Ferry  
Dundee  
DD5 1JW

Area Office – Perth  
5 South St. John's  
Place  
Perth  
PH1 5SU

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