



St Kentigerns Church, 15 Hope Street, Lanark, ML11 7LZ
Tel: 01555 665316 Fax: 01555 666144
E-mail: mail@clydesdale-housing.org.uk
Clydesdale Housing Association Limited is a Registered Scottish
Charity (SCO34228)

Application for Membership

I would like to apply for membership of Clydesdale Housing Association Limited and enclose the Membership fee of £1.00.

Full Name (Mr/Mrs/Miss).....

Address.....

.....

Tel. No..... Date of Birth.....

Reason for Applying.....

.....

Are you a tenant of the Association YES/NO

Are you a sharing owner of the Association YES/NO

Please indicate if you would like more information about serving on
the Management Committee YES/NO

Signed..... Date.....

Please return the completed application form to Clydesdale Housing Association, St. Kentigern's Church, 15 Hope Street, Lanark, ML11 7LZ.

We would be grateful if you would complete the Equal Opportunities Monitoring form attached. This will be removed from your membership form on receipt of it.

Equal Opportunities Monitoring Form

To help us monitor our Equal Opportunities and to ensure that our members do not receive less favourable treatment on the grounds of sex, race, colour, nationality, ethnic origins, marital status, disability, sexual orientation, age, or religious belief we would like you to answer the following questions. You are not however obliged to complete the form.

This information may assist us to target areas of our membership where there are under-represented groups.

1. Are you: Female Male (please circle as appropriate)

2. Do you consider yourself to have a disability? By this we mean a condition which has a long term and substantial effect on your ability to carry our normal day to day activities. Yes No

If yes, is it

- | | |
|--|---|
| Physical <input type="checkbox"/> | Mental Ill Health <input type="checkbox"/> |
| Learning Disability <input type="checkbox"/> | Visual Impairment <input type="checkbox"/> |
| Hearing Impairment <input type="checkbox"/> | Other - please specify <input type="checkbox"/> |

3. Which of the following age bands do you belong to?

- | | |
|---------------|--------------------------|
| 16 - 25 years | <input type="checkbox"/> |
| 26 - 30 years | <input type="checkbox"/> |
| 31 - 40 years | <input type="checkbox"/> |
| 41 - 50 years | <input type="checkbox"/> |
| 51 - 60 years | <input type="checkbox"/> |
| over 60 years | <input type="checkbox"/> |

4. How would you describe your:

(a) ethnic origin?

Black African		Chinese	
Black Caribbean		Middle Eastern - (please	

	Specify)	
Black Other - (please specify)	Scottish	
Indian	English	
Pakistani	Irish	
Bangladeshi	Welsh	
Other South East Asian e.g. Vietnamese, Malaysian, Thai	White Other - (please specify)	
Mixed Race (please specify	Other (please specify)	
Gypsy Traveller		

(b) religion

Please specify your religion (or indicate "none" if appropriate). We appreciate that for some people religion is very personal. You are under no obligation to answer this question.	
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(c) sexual orientation

We appreciate that for some people sexual orientation is very personal. You are under no obligation to answer this question.
Would you describe yourself as (please tick): <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual Do you consider yourself to be a transsexual? <input type="checkbox"/> Yes <input type="checkbox"/> No

(d) household

- Minority ethnic
- White
- Mixed (e.g. Asian/UK)

This information will be treated in the strictest confidence and you cannot be identified from it.

We would like to thank you for taking the time to fill in this form.

By providing this information to us, you have consented to us holding personal sensitive data which will only be used in line with the requirements of the Data Protection Act 1998.

