



Application for Membership

I have read the mission statement and strategic objectives of Clydesdale Housing Association and am in full agreement with them. I therefore enclose my £1.00 payment in respect of my Share subscription and apply for membership.

Signed: **Date:**

Full Name (BLOCK CAPITALS):

Address (BLOCK CAPITALS):

.....

Postcode: **Date of Birth:**

Home Phone No.: **Mobile Phone No.:**

E-Mail:

Are you a tenant of Clydesdale Housing Association? Yes/No

The Association is interested in attracting members from all sections of the community and would be pleased if you could complete these optional questions about yourself:

1. What would you like to get out of being a member of the Association?

.....
.....

2. Would you be interested in finding out more about the work of our Management Committee and the possibility of becoming involved? Yes/No

Please also complete the Equal Opportunities form attached and return both forms to us at:

Clydesdale Housing Association Ltd
St Kentigern's Church
15 Hope Street
LANARK
ML11 7LZ
Phone – 01555 665316 Fax – 01555 666144
E-Mail – mail@clydesdale-housing.org.uk



EQUAL OPPORTUNITIES MONITORING FORM – MEMBERSHIP

As part of our commitment to ensuring equal opportunities across the range of services we provide, we are seeking your co-operation in gathering equality and diversity information. To help us monitor success against our Equality and Diversity Policy, and to ensure that no application onto our membership receives 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, but your co-operation in doing so, provides us with invaluable information which is treated in the strictest confidence.

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

2. It would be helpful if you could indicate your marital status.

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Living Together	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Separated	<input type="checkbox"/>

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 (Please tick one)

If yes, is it

Physical Mental Ill Health
(Please specify)

Learning Disability Visual Impairment

Hearing Impairment Other - please specify

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"/> (Please tick one)

4. How would you describe your:
 (a) Ethnic origin?

Black African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Middle Eastern - (please Specify)	<input type="checkbox"/>
Black Other - (please specify)	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Indian	<input type="checkbox"/>	English	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Other South East Asian e.g. Vietnamese, Malaysian, Thai	<input type="checkbox"/>	White Other - (please specify)	<input type="checkbox"/>
Mixed Race (please specify)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

(Please tick one)

- (c) Nationality

What is your nationality (please specify)	<input type="text"/>
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- (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.	<input type="text"/>
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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): ? Heterosexual ? Lesbian ? Gay ? Bisexual
Do you consider yourself a transsexual? ? Yes ? No

- (d) Household

How would you describe the ethnic profile of your household?

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

Declaration

Your co-operation in filling in this form is greatly appreciated. This form will be kept separately from your application for membership and it will not be possible to identify you from your answers. The information gathered forms part of a report we provide to our Management Committee on the breakdown of our membership. It will not be used for any other purpose.