REF. NO.	DATE REC'D	1st POINTED	2nd POINTED
For office use			

Glasgow WEST HOUSING ASSOCIATION LIMITED
5 ROYAL CRESCENT
GLASGOW G3 7SL
TEL: 0141 331 6650
FAX: 0141 331 6679

TRANSFER APPLICATION FORM

1. YOUR PERSONAL DETAILS

Name _____ Title (Mr/Mrs/Ms/Miss) _____

Address _____ Flat Position _____

Postcode _____ Email _____

Contact Tel. Number _____ Mobile _____

Date of Birth _____

2. YOUR PRESENT ACCOMMODATION

What type of property is it? Tenement ☐ Flat ☐ House ☐ Multi-storey ☐
Bedsit/Studio/Mezzanine ☐

What floor level is the property on? _____ Is there a lift? Yes ☐ No ☐

How many bedrooms are in your present accommodation? _____

3. CONDITION OF YOUR PRESENT ACCOMMODATION

Do you have the following facilities in your property?

A kitchen separate from the living room Yes ☐ No ☐
Heating in living room and every bedroom Yes ☐ No ☐
Double glazed windows Yes ☐ No ☐

Does your present accommodation have?

Confirmed severe dampness or direct water penetration in at least two rooms Yes ☐ No ☐
A severe and ongoing rodent and/or insect infestation confirmed by Local Authority Yes ☐ No ☐
Please provide further information:

Does your property have an Energy Performance Certificate (EPC) rating of E or F? Yes ☐ No ☐

What percentage (%) of your total household income do you spend on gas/elec bills each month? _____

Have you carried out a utility comparison to check that you are on the most affordable tariff? Yes ☐ No ☐

*** Please note if yes to above questions, you must provide proof of your income, EPC and tariff comparison check with this application to be assessed for Fuel Poverty points. ***

4. WHO LIVES IN YOUR PRESENT ACCOMMODATION? (please give details)

NAME	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP TO YOU	IS THIS PERSON TO BE REHOUSED WITH YOU?
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

IF YOU DO NOT HAVE FULL CUSTODY/ACCESS TO A CHILD THEN CUSTODY/ACCESS ARRANGEMENTS MUST BE CONFIRMED IN WRITING BY CHILD'S LEGAL GUARDIAN

5. PLEASE LIST THE DETAILS OF ANYONE ELSE WHO IS TO BE REHOUSED WITH YOU, INCLUDING PLANNED FAMILY REUNIONS

NAME	CURRENT ADDRESS	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP TO YOU	ESTIMATED REUNION DATE

6. DO YOU OR ANYONE LISTED ABOVE

a) Own any property Yes ☐ No ☐

b) Have a tenancy with a housing association/Co-op or Local authority Yes ☐ No ☐

Property ownership will not, in itself, disbar an application for rehousing. In such instances applications will be assessed, consistent with other applications for housing.

If you have answered "yes" at either point above, please advise how many bedrooms are in the property?

7. HAVE YOU APPLIED TO ANY OF THE UNDERNOTED AGENCIES FOR REHOUSING?

Housing Association/Coop ☐ **local authority** ☐ **Scottish Homes** ☐

Please give details if any offers of accommodation have been made.

8. MEDICAL PRIORITY – Please also complete attached medical form

Are you or a permanent member of your moving household awaiting hospital discharge and cannot return to their own accommodation due to an enduring medical condition? Yes ☐ No ☐

Are you or a permanent member of your moving household terminally ill and require alternative accommodation as a matter of urgency? Yes ☐ No ☐

Do you or a permanent member of your moving household have a disability or medical condition which makes present accommodation wholly unsuitable which cannot be adapted? Yes ☐ No ☐

If YES to any, please give details:

Name of person (1)

Disability/Medical condition

Name of person (2)

Disability/Medical condition

Have any adaptations been carried out within the home to assist with the disability/medical condition?

Yes ☐ ☐ No

If YES, please give details:

How many steps are inside your current property?

How many steps are outside your current property?

How many steps can you manage?

9. SUPPORT

Do you, or does anyone who is to be rehoused with you, need to move into the Association's area of operation (G3, G11, G12, G20) to receive specialist medical treatment which is only available in this area? Yes ☐ No ☐

If YES, please give details:

10. GENERAL

Do you currently have rent arrears? Yes ☐ No ☐

Are you related to any of the Association's staff or committee? If YES, give details: Yes ☐ No ☐

10. SENSITIVE ALLOCATIONS

Sensitive allocations need to be made in certain circumstances (e.g. to minimise risk to the Applicant). This is the purpose of the following question, which must be answered by all Applicants for rehousing. Please note, all information supplied by the Applicants is strictly confidential.

Have you ever received a criminal conviction for a sexual offence? Yes ☐ No ☐

11. ADDITIONAL INFORMATION

If you wish to provide additional information relevant to your application, please give brief details here. Continue on a separate page if necessary.

12. DECLARATION

PLEASE READ THE FOLLOWING DECLARATION CAREFULLY BEFORE SIGNING THIS FORM. IF A JOINT APPLICATION IS BEING SUBMITTED, BOTH APPLICANTS MUST SIGN THE DECLARATION.

I / we hereby certify that the information given in this form is true. If the information is found to be misleading or if relevant information is withheld, I / we understand the Housing Application Form may be cancelled and / or legal action may be taken to recover the Tenancy of any property offered.

Signed (Applicant) _____ Date

Signed (Joint-Applicant) _____ Date

AREA SELECTION FORM

Application Ref No: _____

PLEASE COMPLETE ALL QUESTIONS

Would you accept a 1-apartment (bedsit property – no separate bedroom)? Yes ☐ No ☐

Would you accept a property with combined living room/kitchen? Yes ☐ No ☐

Would you accept a property in the basement? Yes ☐ No ☐

Would you accept a multi-storey property? (Maximum height – 14th Floor) Yes ☐ No ☐

Would you accept a maisonette property? (Deck access) Yes ☐ No ☐

What is the minimum stair level you would accept? _____

What is the maximum stair level you would accept? _____

Please note that no dogs are allowed within our multi-storey (Blythswood Court) properties or our maisonette/deck access (St Vincent Terrace) properties. As well as no dogs being allowed, there are also restrictions on other pets, please ask for more details.
Please list details of any pets you have: _____

The colour of the "tick box" indicates turnover of properties based on the number of flats that have become available in each street over the last 3 years ☐ = low (less than 5 properties) ☐ = medium (between 6 and 8 properties) ☐ = higher (more than 8 properties).

Will you accept a property anywhere within GWHA stock? YES ☐ NO ☐

If no, please tick below to select the streets you would accept

	1apt	2apt	3apt	4apt	5apt	7apt	Turn Over	Tick Box
ANDERSTON/FINNIESTON (G2 &G3)								
Argyle Street (640-650)		29	12	6	2		Higher	
Argyle Street (930-1172)		30	8				Low	
Beltane Street	3	16	7				Medium	
Berkeley Street		22	34	12			Medium	
56 Blythswood Court – Dalriada ***(multi-storey)***		100					Higher	
323 Blythswood Court – Columba ***(multi-storey)***		107					Higher	
421 Blythswood Court – Davaar ***(multi-storey)***		102					Higher	
Breadalbane Street		22	23	7			Medium	
Brechin Street		17	39	13			Higher	
Cheapside Street		6	5				Low	
Claremont Street			5	2			Low	
Cleveland Street	1	8	9	5			Medium	
Corunna Street		4	9	2			Low	
Derby Street	8	9	6	1			Low	
Dorset Street	4	9	6	2			Medium	
Dover Street		22	26	7	1		Medium	
Elderslie Street		18	7	4			Higher	
Kelvingrove Street						1	Low	

Kent Road		9	9	4	1		Medium		
McIntyre Street		1	7				Low		
Pembroke Street		11	9	2			Low		
St Vincent Crescent	5	16	3	1			Low		
St Vincent Street		5	11				Medium		
St Vincent Terrace (maisonette/deck access)			175				Higher		
TOTAL STOCK IN AREA = 1,020	**21**	**545**	**391**	**58**	**5**	**1**			

	1apt	2apt	3apt	4apt	5apt	7apt	Turn Over	Tick Box
HYNDLAND/PARTICK (G11 & G12)								
Crown Road North (55yrs or over only)		14					Low	
Dowanhill Street (55yrs or over only)	11	1					Low	
Gardner Street		3					Low	
Highburgh Road (55yrs or over only)	11						Low	
Hyndland Road (55yrs or over only)		18					Low	
Keith Court		22	4	2			Medium	
Peel Street			1	1			Low	
Prince Albert Road (55yrs or over only)	9	43					Medium	
Princes Place (55yrs or over only)		17					Low	
Walker Court		3	3	6			Low	
White Street		13					Low	
TOTAL STOCK IN AREA = 182	**31**	**134**	**8**	**9**				
WEST END (G4, G12 & G20)	1apt	2apt	3apt	4apt	5apt	6apt		
Athole Gardens (55yrs old or over only)	3	5					Low	
Baliol Street			3				Low	
Bank Street		17	3		1		Low	
Belmont Street		9	9	2			Low	
Burnbank Gardens		4	29	2			Medium	
Burnbank Terrace		13	3	4			Low	
Byres Road		10	15	15	3		Medium	
Colebrooke Street			11				Low	
Dalhousie Street		1					Low	
Great Western Road			6	3			Low	
Hillhead Street	1	21		4			Low	
Kew Terrace	2	2	3				Low	
Napiershall Street		15	5				Medium	
North Woodside Road		2	3				Low	
Oakfield Avenue					3		Low	
Otago Street		2					Low	
Park Road			2				Low	
Rupert Street				1			Low	
South Woodside Road			2				Low	
St George's Road			1				Low	
University Avenue		14	5	1			Medium	
University Place			4	3			Low	
West Graham Street		1					Low	
West Princes Street				1			Low	
Woodlands Road		1	3		1		Low	
TOTAL STOCK IN AREA = 274	**6**	**117**	**107**	**36**	**8**			

GLASGOW WEST HOUSING ASSOCIATION – MEDICAL FORM

Glasgow WEST HOUSING ASSOCIATION LIMITED
5 ROYAL CRESCENT
GLASGOW G3 7SL
TEL: 0141 331 6650
FAX: 0141 331 6679

NAME	
ADDRESS	
REFERENCE NO.	

1. **The exact nature of the patient's illness.**

2. **Does the patient require specialist medical treatment?**

3. **Where is this treatment provided?**

4. **How has the illness affected the patient's life?**

5. **Explain in detail why patient's current accommodation is unsuitable.**

6. **How would rehousing alleviate the patient's medical condition?**

7. **Could adaptations be completed to the patient's current property to meet the applicant's needs?**

8. What particular re-housing requirements does the patient have?

I/We herby certify that the information given in this form is true. If information is found to be misleading, or if relevant information is withheld, I/We understand the housing application form (of which this form is part) may be cancelled and/or legal action may be taken to recover the tenancy of the property offered.

Applicant's Name:

Applicant's Signature:

Date:

The above applicant(s) has/have applied to Glasgow West Housing Association for re-housing on medical grounds. In order that their application be accurately assessed, I would be grateful if you would verify the information noted on the form and confirm that re-housing will alleviate this person's medical condition. Please note that the information supplied will be treated in the strictest confidence.

Doctor:

Address: (Surgery Stamp)

Doctors Signature:

Date:

www.HomeSwapper.co.uk

CONTACT US

Glasgow West Housing Association
5 Royal Crescent
Glasgow
G3 7SL
TEL: 0141 331 6650
FAX: 0141 331 6679

Registered with the Scottish Housing Regulator HEP 126.
Registered under the Co-operative and Community Benefit Societies Act 1955 RS.
Registered as a Scottish Charity SC001667

HomeSwapper

Looking to move house?

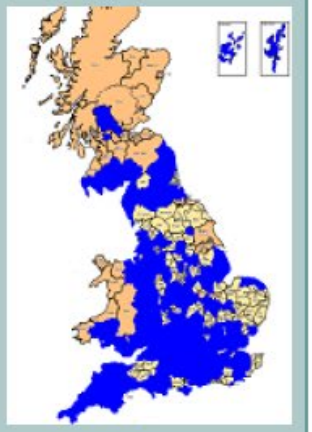
GLASGOW WEST LAUNCHES HOMESWAPPER

HOMESWAPPER is a national register to help ease mutual exchanges.

HOMESWAPPER—UK WIDE

- 125 participating Local Authorities
- 138 participating Large Scale Voluntary Transfers
- 468 participating Housing Associations
- Total - 731 Registered Social Landlords
- Stock—3.4million+ units
- 70% of national stock

COST: £8 (3 months)
£15 (6 months)
£21 (12 months)



Glasgow WEST HOUSING ASSOCIATION LIMITED

Transfers & Mutual Exchanges

As an existing GWHA tenant, you may need to move house as your family circumstances change. If you need an extra room or you have unused rooms in your home you might want to consider either transferring to another GWHA property or carrying out a mutual Exchange (home swap) with either a GWHA tenant or a tenant of another Housing Association or Local Authority.

A register containing details of people who have already expressed a wish to mutual exchange (swap homes) is available to view from the reception desk at our office at 5 Royal Crescent.

You must have the permission of GWHA prior to carrying out any exchange, applications for transfers and exchanges will be considered by GWHA where: -

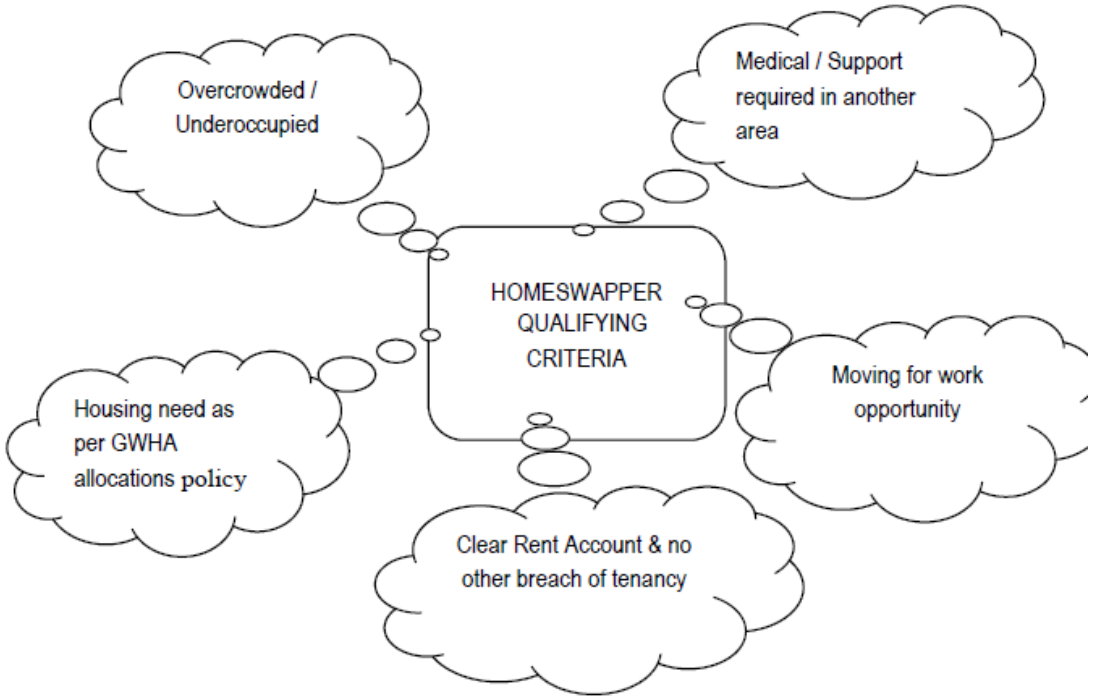
- Overcrowding or under occupancy would **not** occur
- GWHA Tenants have lived in their present accommodation for at least one year
- The rent account is up-to-date or an agreed repayment arrangement has been in place for at least 3 months
- The tenancy has been kept in a good condition (for example, good decorative order & no rechargeable repairs)



Alternatively you may wish to investigate your options directly via HOMESWAPPER, further information can be found at www.homeswapper.co.uk.

HOMESWAPPER - HELP WITH USER COSTS

If you require help to cover the cost of using HOMESWAPPER and you meet one or more of the criteria noted below, please contact our Tenancy Sustainment Team on 0141 331 6651 for further information.
Please note we cannot backdate costs so please always ensure you get our agreement to assist with any costs before you incur them.



GWHA pay up-front for those that qualify

GWHA support for 6 months

HomeSwapper

www.HomeSwapper.co.uk

Glasgow WEST HOUSING ASSOCIATION LIMITED
5 ROYAL CRESCENT
GLASGOW G3 7SL
TEL: 0141 331 6650
FAX: 0141 331 6679

NAME: _____

ADDRESS: _____

To qualify for assistance with the cost of HOMESWAPPER please complete this form and return to GWHA Tenancy Sustainment Team at the address below.

Is your current accommodation overcrowded or under occupied? YES ☐ NO ☐

Do you need to move house for work opportunity? YES ☐ NO ☐

Do you require medical/support in another area? YES ☐ NO ☐

Assistance with cost of HomeSwapper will be subject to the same access criteria for your transfer application in relation to the management of existing tenancy. Examples of access criteria include:

- Clear rent account or agreed repayment arrangement.
- Tenancy obligations such as nil anti social behaviour issues.
- Tenancy kept in good condition.

Signature of tenant _____ Date .....

FOR OFFICE USE ONLY

Transfer App No.	Mutual Exchange on file	Rent Acc Balance	Repayment Arr in place	Recharge Repairs	ASB/Estate Management	Checked by

Approved for assistance	Signed	Date
YES/NO		

Registered with the Scottish Housing Regulator HEP 126.
Registered under the Co-operative and Community Benefit Societies Act 1955 RS.
Registered as a Scottish Charity SC001667

REF. NO.	DATE REC'D	LOGGED BY

Glasgow WEST HOUSING ASSOCIATION LIMITED
5 ROYAL CRESCENT
GLASGOW G3 7SL
TEL: 0141 331 6650
FAX: 0141 331 6679

MUTUAL EXCHANGE APPLICATION

YOUR PERSONAL DETAILS

Name _____ Title (Mr/Mrs/Ms/Miss) _____

Address _____

_____ Flat Position _____ Postcode _____

Contact Tel. Number _____ Email: _____

WHO LIVES IN YOUR PRESENT ACCOMMODATION?

(Please give details of everyone who currently stays with you and indicate if they will be moving with you)

NAME	SEX	D.O.B	RELATIONSHIP TO YOU	Moving with you?
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
				YES ☐ NO ☐
Total people in household				

Size of present accommodation?

How many double bedrooms?		**How many single bedrooms?**		**Separate kitchen (not combined with living room)**	YES ☐ NO ☐

How long have you lived there? _____

Current Landlord? _____

Tell us more about your property? _____

Does it have?

Gas Central Heating		Double Glazing		Private Garden	
Level access (no stairs)		Level access shower		Shower over bath	
Front and Back Door		Nearby amenities		Nearby Schools	
Parking		Dining Kitchen		Storage space	

What type of property would you prefer?

Detached		Semi Detached		Multi Storey	
Bungalow		End Terrace		Terrace	
Cottage		Tenement Flat		Flat/Maisonette	

Size of house preferred (No of bedrooms)?

Please note GWHA will only grant permission for a mutual exchange where our property will not be overcrowded or under occupied.

Floors preferred **Floors rejected**

Areas preferred

Why do you want to move home?

Under occupancy		Overcrowding		Location	
To receive/provide support		Job relocation		Relationship breakdown	
Medical		Pregnancy/fostering/adoption		Other	

Signature **Date**

Please feel free to enclose photos, which we will display along with your property information.

By registering your interest to mutual exchange you give GWHA permission to pass on your preferred contact details to any registered person expressing interest in swapping tenancies with you.

We will keep record of who has requested your contact information*

Please indicate which of your contact details you would be happy for us to pass on

Address details	
Home phone	
Mobile phone	
Email address	

1. Local Housing Associations

Glasgow WEST HOUSING ASSOCIATION LIMITED
5 ROYAL CRESCENT
GLASGOW G3 7SL
TEL: 0141 331 6650
FAX: 0141 331 6679

In addition to Glasgow West Housing Association, there are a number of other Housing associations (HAs) operating in and around the West End of Glasgow.

It will increase your chances of being re-housed if you apply to several housing organisations - contact details provided below.

Glasgow Housing Association
www.gha.org.uk
0800 479 7979

Sanctuary Scotland HA
www.sanctuary-scotland.co.uk
0800 131 3348

Charing Cross HA
31 Ashley Street
Glasgow
G3 6DR
0141 333 0404

Yorkhill HA
1271 Argyle Street
Glasgow
G3 8TH
0141 285 7910

Partick HA
10 Mansfield Street
Glasgow
G11 5QP
0141 357 3773

Queens Cross HA
45 Firhill Road
Glasgow
G20 7BE
0141 945 3003

Cube Housing Association
Maryhill Burgh Halls
24 Gairbraid Avenue
Glasgow
G20 8YE
0800 027 3456

Whiteinch & Scotstoun HA
The Whiteinch Centre
1 Northinch Court
Glasgow
G14 0UG
0141 959 2552

If you require sheltered or specially adapted accommodation the undernoted HAs may be able to assist:

Bield HA
Craighall Business Park
7 Eagle St
Glasgow
G4 9AX
0141 270 7200

Hanover Scotland HA
Pavillion 5 (Ground Floor), Watermark Business Park
345 Govan Road
Glasgow
G51 2SE
0141 553 6300

Blackwood Homes
1 Belses Gardens
Cardonald
Glasgow
G52 2DY
0141 883 4477

Trust HA
Pavillion 5 (1st Floor), Watermark Business Park
345 Govan Road
Glasgow
G51 2SE
0141 444 1200

A full list of housing associations in all areas can be found on the Glasgow City Council Website: www.glasgow.gov.uk

2. Private Rented Sector

For help and advice seeking private rented accommodation please contact:

- Shelter Scotland: https://scotland.shelter.org.uk
- Y People: http://ypeople.org.uk/services/glasgow-key-fund.php
- Homes For Good: https://homesforgood.org.uk

3. Homeless Services

Persons who are homeless and require immediate assistance should approach their nearest Community Homeless Team: https://www.yoursupportglasgow.org/directory/providerlist/455

Out of Hours Emergency Homelessness Team
Glasgow City Mission
20 Crimea Street
Glasgow
G2 8PW
0800 838 502

Information and assistance may also be available from the following agencies:

Glasgow Women's Aid
30 Bell Street
4th Floor
Glasgow
G1 1LG

Women fleeing domestic violence.
Emergency admissions.
0141 553 2022

Hermat Gryffe Women's Aid
24 Willowbank Street
Flat 0/1
Glasgow
G3 6LZ

Primarily for ethnic minority women
fleeing violence. Emergency admissions.
0141 353 0859

Scottish Refugee Council
Portland House
17 Renfield Street
Glasgow
G2 5AH

An independent charity helping refugees and asylum seekers in Glasgow and across Scotland
0141 248 9799

British Red Cross
Cambridge House
8 Cambridge Street
Glasgow
G2 3DZ

Refugee Support, casework and advice, help with urgent needs
0141 331 4170

4. Housing Advice Agencies

Independent housing information and advice may be obtained from the following agencies**:**

Glasgow Centre for Inclusive Living
117 – 127 Brook Street
Glasgow
G40 3AP
0141 550 4455

Citizens Advice Bureau
The Mitchell Library, 3rd Floor
201 North Street
G3 1LQ
0141 552 5556

Positive Action in Housing
98 West George Street
Glasgow
G2 1PJ
0141 353 2220

5. Legal and Financial Advice

If you need legal advice and representation, a law centre will be able to help you.

Law centres can help you if:

- your landlord is threatening to evict you
- you've been having problems with your benefits
- you are having other money problems, including debt
- your home isn't in a good state but your landlord won't do anything about it
- you're getting hassle from your landlord
- you can't pay your mortgage and you're at risk of losing your home
- you're a joint tenancy holder/joint owner and are a separating spouse

Other legal advice agencies are:

- Ethnic Minorities Law Centre: 0141 204 2888, http://emlc.org.uk
- Legal Service Agency legal: 0141 353 3354, www.lsa.org.uk/
- National Debtline, Freephone: 0808 808 4000, www.nationaldebtline.org

INFORMATION FOR THOSE COMPLETING THE FORM

Why are we asking for equality information?

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations.

What do we do with equality information?

We use equality information for a range of purposes, including to help us to:

- protect and promote your rights and interests;
- promote equality objectives across our services;
- identify and address our customers' needs, and improve our services; and
- identify and eliminate any form of discrimination.

Do you need to answer every question?

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us. You may complete some questions and not others or you may complete parts of questions. The form has space for you to tell us more about your needs if you want.

We may ask for some information in other forms where this is required by law. For example, where we need to know your age if you are applying for a home as only those over 16 years old can be registered on our housing list.

How do we process your equality information?

We process equality information strictly in line with data protection law, including by:

- processing your equality data confidentially;
- restricting access only to relevant staff members;
- retaining equality information only as long as necessary;
- sharing data only as lawfully permitted; and
- destroying data securely.

Who do we gather equality information about?

We gather equality information from:

- existing tenants;
- new tenants;
- people on waiting lists;
- governing body members; and
- staff.

Other formats: We can provide this document in alternative formats, including large print or another language.

Name	

Age

Note: We may request a specific date of birth in certain forms when this is required in law. For example, we need to know the age of housing applicants as a person can only be registered on our housing list/register if the person is 16 years of age.

What is your date of birth? (DD/MM/YYYY)	
Prefer not to say	

Disability

Are you a disabled person?	Yes		No	

If yes, please tick the box which category you would use from the following list:

Autoimmune: (for example, multiple sclerosis; HIV; Crohns/ ulcerative colitis)	
Learning difficulties: (for example, Down's Syndrome)	
Mental health issue: (for example, depression, bi-polar)	
Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia)	
Physical impairment: (for example, wheelchair-user, cerebral palsy)	
Sensory impairment – hearing impairment	
Sensory impairment – visual impairment	
Other: If none of the categories above apply to you, please specify the nature of your impairment below	
Prefer not to say	

Race/Ethnicity

Please tick the box that best describes your particular ethnic group:

African	
African, African Scottish or African British	
Other African background (please specify)	
Asian, Scottish Asian or British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Indian, Indian Scottish or Indian British	
Pakistani, Pakistani Scottish or Pakistani British	
Chinese, Chinese Scottish or Chinese British	
Other Asian background (please specify)	
Black or Caribbean	
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	
Other Caribbean or Black background (please specify)	
Mixed Groups	
Mixed or multiple ethnic group (please specify)	

White			
English		Roma	
Gypsy Traveller		Scottish	
Irish		Welsh	
Polish		Other British	
Other group (please specify your ethnic group)			
Prefer not to say			

Please tell us about any communication needs:

Do you require an interpreter?	Yes		No	
If yes, please specify which language				

Sex

What is your sex?	Female		Male	
	Intersex		Other	
If other, please specify				
Prefer not to say				

General

Please mark this box if there are any issues that you want to discuss with us in confidence
Please use the space below to advise us if you have any particular requirements

Consent

I consent to Glasgow West Housing Association Ltd collecting and processing the above data to help provide an appropriate service. This service involves using equality data to ensure that services address any form of discrimination, promote equality objectives and address my needs.

Note: If data processing is based on your consent, then you can withdraw consent at any time by telling us.

Signature	
Date	
GWHA Reference (For staff completion)	