

**ARK HOUSING**

**Equality Monitoring**

Ark Housing Association is committed to providing equality of opportunity to all applicants. The information provided on this form will be removed by our monitoring officer prior to consideration of your application by the panel and will be treated in strictest confidence and protected from misuse. It will not be made available to anyone making decisions about your application and will be used for monitoring purposes only. Please select from the following lists.

Marital Status: \_\_\_\_\_  
(Married, Never Married, Civil Partnership, Divorced, Widowed, Separated)

Gender: \_\_\_\_\_  
(Male, Female)

Dependants: \_\_\_\_\_  
(Responsibility for Children, Disabled Person, Elderly Person)

Disability: \_\_\_\_\_  
(Physical Impairment, Mental Health Condition, Learning Disability, Sensory Impairment, Long Term Illness)

Nationality: \_\_\_\_\_  
(How would you describe your nationality?)

Racial Group: \_\_\_\_\_  
(White, Chinese, Indian, Pakistani, Other Asian, Black African, Black Caribbean, Black Other, Irish Traveller, Mixed)

Religious Belief: \_\_\_\_\_  
(Catholic, Buddhist, Hindu, Protestant, Jewish, Muslim, Sikh)

Sexual Orientation: \_\_\_\_\_  
(Heterosexual, Homosexual, Gay & Lesbian, Bi-sexual)

Political Opinion: \_\_\_\_\_  
(Nationalist, Unionist, None,)

Please place this form in a separate envelope (or email) and return with your application form marked "Private & Confidential" for the attention of the Chief Executive.

**THANK YOU FOR YOUR CO-OPERATION**