



Customer Profile Survey

Your Family
Your Family
Your Service



**Fill in and win one of
10 x £100 cash prizes!**



Translations

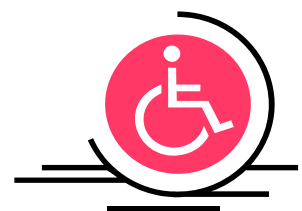
If English is not your first language and you need a translation, we can get one for you.

Polish

Jeżeli język angielski nie jest Twoim językiem ojczystym i wymagasz tłumaczenia, możemy to zapewnić.

Portugese

Se o Inglês não é a sua lingua materna e precisa de uma traduão, nós podemos obtê-la.



At Stroud all our tenants matter to us and we are striving to provide a first class housing service that meets the needs of everyone. We want you to tell us about you and your family so that we can make sure that the services we provide match your needs and do not discriminate against any group or section of society. We are contacting everyone who lives in a Stroud owned home to help us do this and the information we are asking for is very important.

Why you should get involved and give us this information.

Information like this helps us to get our services right. It's as simple as that.

You may also win a prize simply by filling in the form! Everybody who returns their filled in form will be entered into a free prize draw. Your form must be completed and sent back to us by the 20th September 2010. We will draw the winner on the 11th October 2010 and will be contact whoever has won. We will also announce the winners in Keynotes and on our website, www.stroud.gov.uk.

What we want to know about you and your family.

We will ask you to provide some information about you and your partner (if someone lives with you). There are some simple, standard questions about your gender, your religion, your ethnic background and your sexuality. We then want you to tell us if anyone else in your home has different circumstances from you. However we respect your privacy, if there is a question which you do not want to answer please simply leave this blank.

Why are you asking me for this information?

The information you give us will help to shape our services to make sure that we give help, information and support when and how you need it; for example we want to know how many people may need homes adapted for wheelchair use in the future, or if people have health problems which make it difficult for them to access services or respond to official forms or letters.

We also want to make sure that our services don't discriminate against any group or individual, Sexuality, race and religion are common reasons that people face discrimination and harassment. If we have up to date information then we can act.

How will we keep your information safe?

We are committed to the protection of personal information and we have to meet the terms of the Data Protection Act. We guarantee that your information will be held securely, in line with data protection law.

This means that when you contact us, unless we have a specific reason to check or you ask us to, no member of our staff will be able to see the information about you when dealing with your enquiry. You'll see that there's a statement about confidentiality and data protection at the back of this leaflet.

What happens next?

Simply:

- 1 Fill in the form and then post it back to us in the freepost envelope provided by 20th September 2010.**
- 2 If you need any help then call our team on 01453 764087.**
- 3 You can also download the form from our website www.stroud.gov.uk or pick one up at any of our offices.**

If we don't hear from you over the next few weeks, we may contact you by phone or call to visit you.

Information about you

(Please tick the box that applies)

1. Making Contact with You

Title: Mr. Mrs Miss Ms

Other (please state)

First Name:

Surname:

Phone Number:

Mobile Number:

Address: (please write your home address below)

.....

.....

.....

Postcode:

Date of Birth:

E-mail address

2. Preferred method of Contact (please tell us how you would like us to get in touch with you in the future)

(Please tick the box(es) that apply(ies))

Letter Telephone In Person

Text Message E-mail

E-mail address

3. Do you require any of the following?

(Please tick the box(es) that apply(ies))

Large print Audio tape

Braille British Sign Language

Minicom

Other (please state)

.....

Information about your partner

(Please tick the box that applies)

Who lives with you (if you do not have a partner, please do not fill in any of this column)

Title: Mr. Mrs Miss Ms

Other (please state)

First Name:

Surname:

Phone Number:

Mobile Number:

Date of Birth:.....

E-mail address

2. Preferred method of Contact (please tell us how you would like us to get in touch with you in the future)

(Please tick the box(es) that apply(ies))

Letter Telephone In Person

Text Message E-mail

E-mail address

3. Does your partner require any of the following?

(Please tick the box(es) that apply(ies))

Large print Audio tape

Braille British Sign Language

Minicom

Other (please state)

.....

Information about you

4. Do you consider yourself to be disabled or vulnerable?

Yes. No

If yes, which of the following best describes your disability (Please tick the boxes that apply):

- Wheelchair User Mobility problems
Hearing problem Visually impaired
Registered blind Mental health
Learning difficulties
Language difficulties
Problems with reading/numbers
Other (Please state)
-

Do you have a support or social worker/ next of kin? If so, please provide contact details: -----

5. Would you like to be involved in working with us to develop and/or monitor housing services?

Yes No

If you have answered Yes, how would you like to be involved (please tick as many as you want)?

- As part of a formal tenant or resident group
As a Street or Village Representative
By email Focus group
Phone surveys Postal surveys
Meetings to review documents
As a mystery shopper
Other (please state)
-

Information about your partner

4. Do you consider your partner to be disabled or vulnerable?

Yes. No

If yes, which of the following best describes their disability: (Please tick the boxes that apply)

- Wheelchair User Mobility problems
Hearing problem Visually impaired
Registered blind Mental health
Learning difficulties
Language difficulties
Problems with reading/numbers
Other (Please state)
-

Do they have a support or social worker/ next of kin? If so, please provide contact details: -----

5. Would your partner like to be involved in working with us to develop and/or monitor housing services?

Yes No

If you have answered Yes, how would you like to be involved (please tick as many as you want)?

- As part of a formal tenant or resident group
As a Street or Village Representative
By email Focus group
Phone surveys Postal Surveys
Meetings to review documents
As a mystery shopper
Other (please state)
-

Information about you

6. To which of the following groups do you consider you belong?

White

- British Irish
Traveller/Gypsy
Eastern European Other European
Other (Please state)
-

Black or black British

- Caribbean African
Other (Please state)
-

Mixed

- White and Black Caribbean
White and Black African
White and Asian
Any other mixed background (Please state)
-

Asian or Asian British

- Indian Pakistani
Bangladeshi
Any other Asian background (Please state)
-

Chinese or other ethnic group

- Chinese
Any other background (Please state)
-

Which country were you born in?

What is your preferred language?

Information about your partner

6. To which of the following groups do you consider your partner to belong?

White

- British Irish
Traveller/Gypsy
Eastern European Other European
Other (Please state)
-

Black or black British

- Caribbean African
Other (Please state)
-

Mixed

- White and Black Caribbean
White and Black African
White and Asian
Any other mixed background (Please state)
-

Asian or Asian British

- Indian Pakistani
Bangladeshi
Any other Asian background (Please state)
-

Chinese or other ethnic group

- Chinese
Any other background (Please state)
-

Which country were you born in?

What is your preferred language?

Information about you

7. Which of the following best describes your economic status?

Working

Full Time (30 hours + per week).

Part Time (less than 30 hours per week)

Not Working

Government training

Job Seeker

Retired

Not seeking work

Full time student

Unable to work due to long term sickness or disability

8. Which of the following best describes your religious beliefs?

Buddhism Christian

Hinduism Islam

Judaism Sikhism

No Religion

Other (Please state)

Information about your partner

7. Which of the following best describes your partner's economic status?

Working

Full Time (30 hours + per week).

Part Time (less than 30 hours per week)

Not Working

Government training

Job Seeker

Retired

Not seeking work

Full time student

Unable to work due to long term sickness or disability

8. Which of the following best describes your partner's religious beliefs?

Buddhism Christian

Hinduism Islam

Judaism Sikhism

No Religion

Other (Please state)

9. Text messaging

We need your permission to be able to text you even if we already have your mobile number. If you would like to receive information by text message, please read the declaration below and then sign where indicated.

I give my permission for Stroud District Council to send messages to my mobile phone. I understand that the information I have given will be held and used in accordance with the Data Protection Act 1998 and that my permission continues to be granted until I confirm in writing that it is withdrawn.

Signed ----- Date -----

Information about you

10. Gender

Male Transgender to female

Female Transgender to male

11. Sexuality

Hetrosexual/Straight

Homosexual/Gay Man

Lesbian/Gay Woman

Bi-Sexual

Other (Please State)

Information about your partner

10. Gender

Male Transgender to female

Female Transgender to male

11. Sexuality

Hetrosexual/Straight

Homosexual/Gay Man

Lesbian/Gay Woman

Bi-Sexual

Other (Please State)

12. Do you consider any other member of your household to be disabled or vulnerable? Yes. No

If yes,

Name: ----- Date of Birth -----

Relationship to you (e.g. son, daughter, brother, parent) -----

and which of the following best describes their disability: (Please tick the boxes that apply)

Wheelchair User Mobility problems Hearing problem Visually impaired

Registered blind Mental health Learning difficulties

Language difficulties Problems with reading/numbers

Other (Please state) -----

13. Making our services meet your needs

Please tell us if there is anything we can do which would make it easier for you or a member of your family/household to access our services:

Authorisation

I agree

For the information that I have provided to Stroud District Council to be used to update their customer records to help them improve their services to tenants and leaseholders. I understand that any personal details given will not be shared with any other persons without my permission having been sought and given.

Name (printed) _____ Date _____

Signature _____

Please note:- You are free to ask at any time to see and/or change the information we hold about you, your partner, a family member or other member of your household. If, however, the information relates to any legal action or releasing if it could cause distress or disadvantage to any other person, then for legal reasons we may have to refuse the request.

Data protection and confidentiality

We are committed to the protection of personal information and are subject to the Data Protection Act. We guarantee that your information will be held securely, in accordance with data protection law.

Personal information will not be shared with third parties without your consent but the Council may share general information (e.g. how many tenants have a disability and in which general location they live) with other services in order to improve delivery of those services to the community.

Return address:

Tenant Services, Stroud District Council, Ebley Mill, Stroud,