

# Records Check

To ensure that we provide the best possible service that meets our customer's requirements we need to review the services we provide and look for areas where they can be improved. Your answers will be used to update your records but your answers will be kept confidential.

In accordance with the Data Protection Act any information supplied will be held for business/monitoring purposes only.

At no time will Moorlands Housing sell your details to any other organisation. At any time, you can ask to see the information that we hold about you, your partner or a family member living in your home, you may see, comment and correct it. If the information relates to any legal action or if releasing it could cause distress or disadvantage to any other person, then for legal reasons we will have to refuse the request.

Please insert your details

Name .....

Street Name and Number .....

Town .....

Postcode .....

Home Tel. Number .....

Work Tel. Number .....

Mobile Tel. Number .....

Email Address .....

- Q1 What is your age?**
- 16-17.....  35-44 .....  60-64 .....
- 18-24 .....  45-54 .....  65-74 .....
- 25-34 .....  55-59 .....  75+ .....

- Q2 What is your gender?**
- Male .....  Please tick if your partner /spouse is
- Female .....  Please tick if your partner/spouse is
- Male .....
- Female .....

- Q3 Which of the following best describes you? (tick as many boxes as applicable)**
- I live in a Moorlands Housing property .....  I have Careline / assistive technology from Moorlands Housing .....
- I am applying for a Moorlands Housing property .....  Other .....

- Q4 How many people usually live in your household?**
- 1 ....  2 ....  3 ....  4 ....  5+ ..

- Q5 How many dependent children live in your household?**
- 0 ....  1 ....  2 ....  3 ....  4+ ..

- Q6 How would you prefer that we contact you?**
- Phone.....  Home visit.....
- Email.....  Text.....
- Letter.....  Visit to a local housing surgery .....
- Neighbourhood inspection.....  Visit to the offices in Leek .....

- Q7 How would you prefer to contact us?**
- Phone.....  Visit to a local housing surgery .....
- Email.....  Visit to the offices in Leek .....
- Letter.....  Community Visitor ...
- Text .....

- Q8 Do you have your own transport?**
- Yes.....  No.....

- Q9 Which of the following best describes your employment status?**
- Employee in full time job (30 hours or more per week).....  Wholly retired from work .....
- Employee in part time job (under 30 hours per week).....  Full time education at school, college or university.....
- Self Employed - full or part time .....  Looking after family/home.....
- Government supported training ....  Permanently sick/disabled.....
- Job seeker.....  Doing something else

- Q10 If you are in employment, what is your pattern of work?**
- 9-5 Office hours.....  Mainly nights .....
- Mainly evenings .....  Mixture .....
- Other, please state \_\_\_\_\_

- Q11 How would you describe the composition of your household?**
- One adult under 60...  Three or more adults
- One adult aged 60 or over .....  One parent family with children .....
- Two adults both under 60 .....  Two parent family with children .....
- Two adults at least one over 60 .....

- Q12 Preferred Language (Written/Spoken)**
- \_\_\_\_\_

- Q13 What is your Religion**
- \_\_\_\_\_



**Q14 To which of these groups do you consider you belong?**

- White British  Any other mixed background  Black or black British African.....
- White Irish .  Asian or Asian British Indian.....  Any other black or black British background Chinese ....
- Any other white background.  Asian or Asian British Pakistani ...
- Mixed white and black Caribbean ..  Asian or Asian British Bangladeshi  Gypsy / Traveller....
- Mixed white and black African .....  Any other Asian background  Polish .....
- Mixed white and Asian...  Black or black British Caribbean..  Other.....

If other, please state \_\_\_\_\_

**Q15 Do you consider yourself to have a disability or special requirements?**

- Yes .....  No.....

**Q16 If yes, are they?**

- Hearing impairments .  Speech impairments.
- Visual impairments ...  Mental health problems .....
- Literacy difficulties ....  Mobility difficulties....
- Learning difficulties ...  Other.....

If other, please state \_\_\_\_\_

**Q17 Please indicate if you have any special requirements when we communicate with you.**

- Large Print.....  Letter reading service
- Braille .....  Sign language .....
- Audio (CD/Tape).....  Type Talk .....
- Translation.....  Other.....

If other, please state \_\_\_\_\_

**Q18 Would you benefit from having a community visitor call to see you on a regular basis?**

- Yes .....  No.....
- I already receive this service .....

**Q19 Would you benefit from having a Careline / Assistive technology installed in your home?**

- Yes .....  No.....
- I already receive this service .....

**Q20 Do you use a wheelchair**

- Yes .....  No.....

**Q21 Is your home suitable for your needs? i.e. if you have a wheelchair or have a disability.**

- Yes .....  No.....

If no, please state why \_\_\_\_\_

**Q22 Moorlands Housing takes particular care in the way it responds to the needs of it's vulnerable customers. Do you consider yourself to be vulnerable in any way?**

- Yes .....  No.....

If yes, please state why \_\_\_\_\_

**Q23 Do you think that each of these is a serious, slight or not a problem in your neighbourhood?**

|                              | Serious Problem          | Slight Problem           | Not a problem            |
|------------------------------|--------------------------|--------------------------|--------------------------|
| Domestic violence            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homophobia                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harassment due to disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Racial harassment            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to buildings          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to services           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anti social behaviour        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please state \_\_\_\_\_

**Q24 Do you have access to banking facilities?**

- No .....  Savings account .....
- Current account.....  Other .....

If other, please state \_\_\_\_\_

**Q25 Do you receive housing benefit directly or is it sent to your landlord?**

- Direct .....  I do not receive housing benefit .....
- Paid to landlord .....

**Q26 Do you think the number of rooms you have in your house is..?**

- Too few .....  Too many...  About right .

**Q27 Are you or any other members of your household planning/likely to move to other accommodation in the next 3 years?**

- Yes .....  No .....  Not sure ...

**Q28 What type of property might be required?**

- 1 Bedroom..  2 bedroom ..  Not applicable ...
- 3 bedroom .  Not sure.....

**Q29 Where might the property be?**

- Nearby (1-2 miles) ...  In the Staffordshire Moorlands.....
- In the same town (3-6 miles) .....  Not sure.....
- Outside Staffordshire Moorlands .....  Not applicable .....

**Q30 Will the property be?**

- Privately rented .....  Not sure.....
- Rented through a Council or Housing Association.....  Not applicable .....
- Privately owned.....

