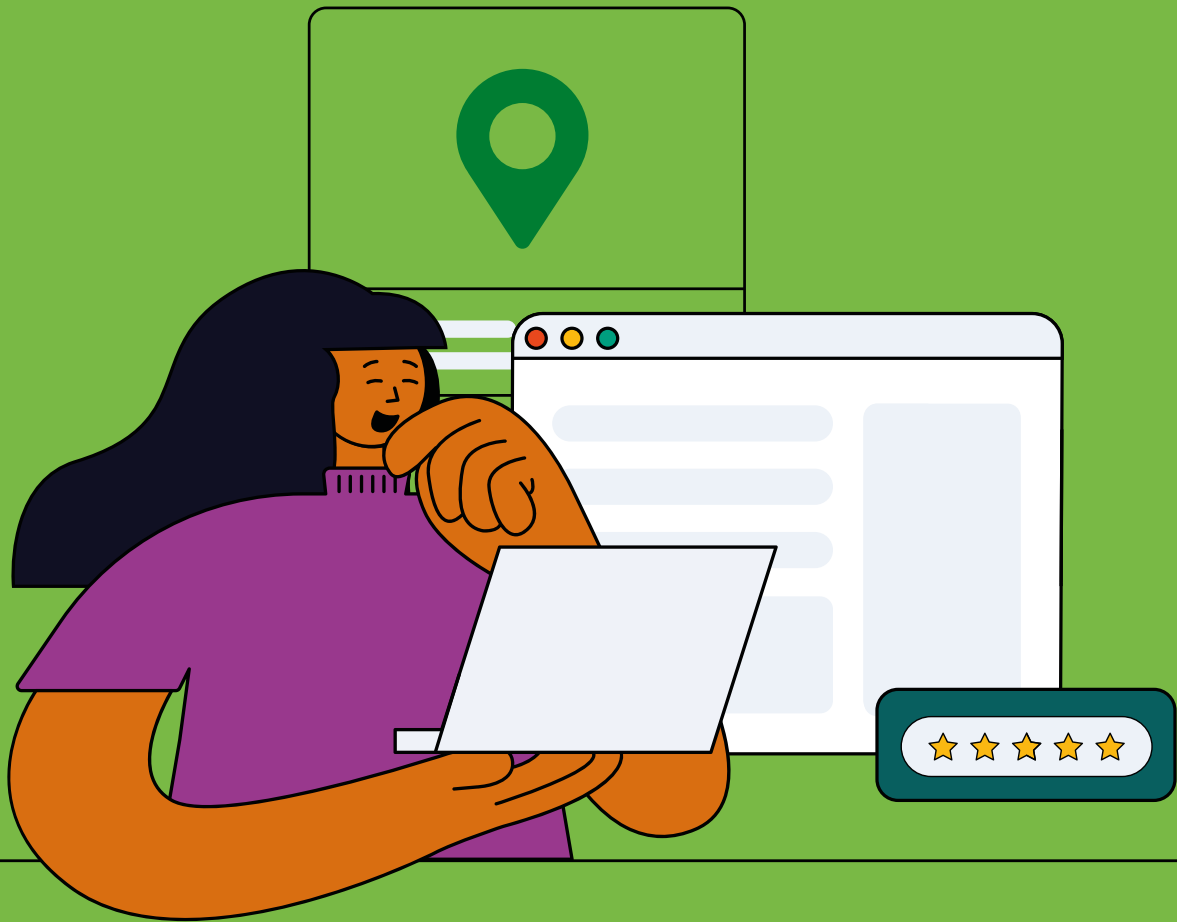


Getting to Know You



Tell us a little bit more about yourself and your household.

Settle in with Salix

For customers

At Salix Homes we care about our customers, and we take pride in our mission to provide high quality, safe, inclusive places to live. By completing this form and telling us a little bit more about yourself and your household, we can better understand how to achieve our mission and help improve your access to services and customer support. We can also learn more about the diverse range and needs of the people living across our neighbourhoods.

This survey will take approximately 10-15 minutes to complete.

If you have a joint tenancy please make sure that you complete both the main and joint tenant sections, including detail of all household members.

How to complete the form

You can fill out this form online at www.salixhomes.co.uk/getting-to-know-you



Return it to us by post using the enclosed free-post envelope.



If you need help completing the form or would like it in a different format, please contact our call centre on **0800 218 2000**.



Scan the QR code

	Required
This form will record your name, please fill in your name	
Address	
Postcode	
Are you the Main or Joint Tenant?	<input type="radio"/> Main Tenant <input type="radio"/> Joint Tenant

	Main Tenant
Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Cllr <input type="radio"/> Dr
First Name(s)	
Surname	
Date of Birth	
Email address	
Mobile phone number	
Home phone number	
What is your sex?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say
Is the gender you identify as, the same as the gender you were assigned at birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered no to the previous question, please write your gender identity here	
What is your marital status?	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Civil Partnership <input type="radio"/> Other

Main Tenant	
What are your religious beliefs?	<input type="radio"/> Buddhist <input type="radio"/> Christian <input type="radio"/> Hindu <input type="radio"/> Jewish <input type="radio"/> Muslim <input type="radio"/> No religion <input type="radio"/> Sikh <input type="radio"/> Prefer not to say <input type="radio"/> Other
What is your sexual orientation?	<input type="radio"/> Straight/heterosexual <input type="radio"/> Gay or lesbian <input type="radio"/> Bisexual <input type="radio"/> Other <input type="radio"/> Prefer not to say
What is your ethnicity?	<input type="radio"/> White English / Welsh / Scottish / Northern Irish / British <input type="radio"/> White Irish <input type="radio"/> White – Gypsy / Irish Traveller <input type="radio"/> White – Roma <input type="radio"/> Any other White background <input type="radio"/> Mixed – White and Asian <input type="radio"/> Mixed – White and Black African <input type="radio"/> Mixed – White and Black Caribbean <input type="radio"/> Any other Mixed or Multiple ethnic background <input type="radio"/> Asian / Asian British – Bangladeshi <input type="radio"/> Asian / Asian British – Chinese <input type="radio"/> Asian / Asian British – Indian <input type="radio"/> Asian / Asian British – Pakistani <input type="radio"/> Any other Asian background <input type="radio"/> Black / Black British – African <input type="radio"/> Black / Black British – Caribbean <input type="radio"/> Any other Black / Black British or Caribbean background <input type="radio"/> Arab <input type="radio"/> Prefer no to say <input type="radio"/> Other
Do you consider yourself to have a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered yes to the previous question, please select the option which you feel best describes your disability (Tick all that apply)	<input type="radio"/> Alzheimer’s / Dementia <input type="radio"/> Drug or alcohol dependency / problems / misuse <input type="radio"/> Hearing impairment <input type="radio"/> Learning disability / Learning difficulty <input type="radio"/> Long standing illness <input type="radio"/> Mental health condition <input type="radio"/> Visual impairment <input type="radio"/> Other
If you selected ‘other’ in the previous question please define your disability	
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?	<input type="radio"/> Yes a lot <input type="radio"/> Yes a little <input type="radio"/> No
If any, which of the following types of assistance would you benefit from when people from Salix Homes or our partners are visiting your home? (Tick all that apply)	<input type="radio"/> Make arrangements to visit me through my advocate (you can choose this person later in the form) <input type="radio"/> Allow more time for me to answer the door <input type="radio"/> Knock Loudly <input type="radio"/> Call at the back door as this is easier for me to access

Main Tenant	
Are you comfortable communicating in spoken and written English?	<input type="radio"/> Both <input type="radio"/> Spoken Only <input type="radio"/> Written Only <input type="radio"/> Neither
If you are not comfortable communicating in English, please state your preferred language	
Please select any of the following that would improve how we communicate with you	<input type="radio"/> A language interpreter <input type="radio"/> A sign language interpreter <input type="radio"/> Recorded word correspondence for large documents <input type="radio"/> Documents provided in braille <input type="radio"/> The use of an induction loop <input type="radio"/> Other
If you selected 'other' in the previous question please describe how we could improve communications with you	
Is there someone else you would like Salix Homes to contact about your affairs (such as an advocate or someone with power of attorney)?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes to the previous question, please give that persons name and telephone number.	
Do you have a Joint Tenant's details that you wish to add? (Somebody named on the tenancy agreement. Any other people in the household can be added in a later section)	<input type="radio"/> Yes <input type="radio"/> No

Joint Tenant

Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Cllr <input type="radio"/> Dr
First Name(s)	
Surname	
Date of Birth	
Email address	
Mobile phone number	
Home phone number	
What is your sex?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say
Is the gender you identify as, the same as the gender you were assigned at birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered no to the previous question, please write your gender identity here	
What is your marital status?	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Civil Partnership <input type="radio"/> Other
What are your religious beliefs?	<input type="radio"/> Buddhist <input type="radio"/> Christian <input type="radio"/> Hindu <input type="radio"/> Jewish <input type="radio"/> Muslim <input type="radio"/> No religion <input type="radio"/> Sikh <input type="radio"/> Prefer not to say <input type="radio"/> Other
What is your sexual orientation?	<input type="radio"/> Straight/heterosexual <input type="radio"/> Gay or lesbian <input type="radio"/> Bisexual <input type="radio"/> Other <input type="radio"/> Prefer not to say
What is your ethnicity?	<input type="radio"/> White English / Welsh / Scottish / Northern Irish / British <input type="radio"/> White Irish <input type="radio"/> White – Gypsy / Irish Traveller <input type="radio"/> White – Roma <input type="radio"/> Any other White background <input type="radio"/> Mixed – White and Asian <input type="radio"/> Mixed – White and Black African <input type="radio"/> Mixed – White and Black Caribbean <input type="radio"/> Any other Mixed or Multiple ethnic background <input type="radio"/> Asian / Asian British – Bangladeshi <input type="radio"/> Asian / Asian British – Chinese <input type="radio"/> Asian / Asian British – Indian <input type="radio"/> Asian / Asian British – Pakistani <input type="radio"/> Any other Asian background <input type="radio"/> Black / Black British – African <input type="radio"/> Black / Black British – Caribbean <input type="radio"/> Any other Black / Black British or Caribbean background <input type="radio"/> Arab <input type="radio"/> Prefer no to say <input type="radio"/> Other

Joint Tenant	
Do you consider yourself to have a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered yes to the previous question, please select the option which you feel best describes your disability (Tick all that apply)	<input type="radio"/> Alzheimer's / Dementia <input type="radio"/> Drug or alcohol dependency / problems / misuse <input type="radio"/> Hearing impairment <input type="radio"/> Learning disability / Learning difficulty <input type="radio"/> Long standing illness <input type="radio"/> Mental health condition <input type="radio"/> Visual impairment <input type="radio"/> Other
If you selected 'other' in the previous question please define your disability	
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?	<input type="radio"/> Yes a lot <input type="radio"/> Yes a little <input type="radio"/> No
If any, which of the following types of assistance would you benefit from when people from Salix Homes or our partners are visiting your home? (Tick all that apply)	<input type="radio"/> Make arrangements to visit me through my advocate (you can choose this person later in the form) <input type="radio"/> Allow more time for me to answer the door <input type="radio"/> Knock Loudly <input type="radio"/> Call at the back door as this is easier for me to access <input type="radio"/> Not applicable
Are you comfortable communicating in spoken and written English?	<input type="radio"/> Both <input type="radio"/> Spoken Only <input type="radio"/> Written Only <input type="radio"/> Neither
If you are not comfortable communicating in English, please state your preferred language	
Please select any of the following that would improve how we communicate with you	<input type="radio"/> A language interpreter <input type="radio"/> A sign language interpreter <input type="radio"/> Recorded word correspondence for large documents <input type="radio"/> Documents provided in braille <input type="radio"/> The use of an induction loop <input type="radio"/> Other
If you selected 'other' in the previous question please describe how we could improve communications with you below	
Is there someone else you would like Salix Homes to contact about your affairs (such as an advocate or someone with power of attorney)?	<input type="radio"/> Yes <input type="radio"/> No
If you answered yes to the previous question, please give that persons name and telephone number.	

Keeping you safe

In an emergency could you and all members of your household self-evacuate?

(this means are you able to get out of your home in an emergency such as a fire, without assistance)

Only answer this question if you live in a communal building, such as high rise or sheltered accommodation.

- Yes
 No
 Not applicable

Your household members information

Why are we collecting this data? It's important we collect information for all the people living in your household so we understand all customer needs, and provide better services across all homes and communities.

Do any other people live in your property (including children), that are not named on the tenancy agreement?

- No (go to page 11)
 Yes (select to provide further details)

	Person 1
First Name(s)	
Surname	
Date of Birth	
What is their sex?	<input type="radio"/> Male <input type="radio"/> Female
Is the gender they identify as, the same as the gender they were assigned to at birth?	<input type="radio"/> Yes <input type="radio"/> No
If you answered no to the previous question, please write their gender identity here	
Relationship to you	<input type="radio"/> Partner <input type="radio"/> Son/Daughter <input type="radio"/> Another Child <input type="radio"/> Another Adult <input type="radio"/> Lodger <input type="radio"/> Other
Do they consider themselves to have a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered yes to the previous question, please select all that apply	<input type="radio"/> Alzheimer's / Dementia <input type="radio"/> Drug or alcohol dependency / problems / misuse <input type="radio"/> Hearing impairment <input type="radio"/> Learning difficulty <input type="radio"/> Learning disability <input type="radio"/> Long standing illness <input type="radio"/> Mental health condition <input type="radio"/> Visual impairment <input type="radio"/> Other
If you answered 'other' in the previous question please define their disability	
Do you want to add another household member?	<input type="radio"/> Yes <input type="radio"/> No

Person 2	
First Name(s)	
Surname	
Date of Birth	
What is their sex?	<input type="radio"/> Male <input type="radio"/> Female
Is the gender they identify as, the same as the gender they were assigned to at birth?	<input type="radio"/> Yes <input type="radio"/> No
If you answered no to the previous question, please write their gender identity here	
Relationship to you	<input type="radio"/> Partner <input type="radio"/> Son/Daughter <input type="radio"/> Another Child <input type="radio"/> Another Adult <input type="radio"/> Lodger <input type="radio"/> Other
Do they consider themselves to have a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered yes to the previous question, please select all that apply	<input type="radio"/> Alzheimer's / Dementia <input type="radio"/> Drug or alcohol dependency / problems / misuse <input type="radio"/> Hearing impairment <input type="radio"/> Learning difficulty <input type="radio"/> Learning disability <input type="radio"/> Long standing illness <input type="radio"/> Mental health condition <input type="radio"/> Visual impairment <input type="radio"/> Other
If you answered 'other' in the previous question please define their disability	
Do you want to add another household member?	<input type="radio"/> Yes <input type="radio"/> No

Person 3	
First Name(s)	
Surname	
Date of Birth	
What is their sex?	<input type="radio"/> Male <input type="radio"/> Female
Is the gender they identify as, the same as the gender they were assigned to at birth?	<input type="radio"/> Yes <input type="radio"/> No
If you answered no to the previous question, please write their gender identity here	
Relationship to you	<input type="radio"/> Partner <input type="radio"/> Son/Daughter <input type="radio"/> Another Child <input type="radio"/> Another Adult <input type="radio"/> Lodger <input type="radio"/> Other
Do they consider themselves to have a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered yes to the previous question, please select all that apply	<input type="radio"/> Alzheimer's / Dementia <input type="radio"/> Drug or alcohol dependency / problems / misuse <input type="radio"/> Hearing impairment <input type="radio"/> Learning difficulty <input type="radio"/> Learning disability <input type="radio"/> Long standing illness <input type="radio"/> Mental health condition <input type="radio"/> Visual impairment <input type="radio"/> Other
If you answered 'other' in the previous question please define their disability	
Do you want to add another household member?	<input type="radio"/> Yes <input type="radio"/> No

Person 4	
First Name(s)	
Surname	
Date of Birth	
What is their sex?	<input type="radio"/> Male <input type="radio"/> Female
Is the gender they identify as, the same as the gender they were assigned to at birth?	<input type="radio"/> Yes <input type="radio"/> No
If you answered no to the previous question, please write their gender identity here	
Relationship to you	<input type="radio"/> Partner <input type="radio"/> Son/Daughter <input type="radio"/> Another Child <input type="radio"/> Another Adult <input type="radio"/> Lodger <input type="radio"/> Other
Do they consider themselves to have a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered yes to the previous question, please select all that apply	<input type="radio"/> Alzheimer's / Dementia <input type="radio"/> Drug or alcohol dependency / problems / misuse <input type="radio"/> Hearing impairment <input type="radio"/> Learning difficulty <input type="radio"/> Learning disability <input type="radio"/> Long standing illness <input type="radio"/> Mental health condition <input type="radio"/> Visual impairment <input type="radio"/> Other
If you answered 'other' in the previous question please define their disability	
Do you want to add another household member?	<input type="radio"/> Yes <input type="radio"/> No

Person 5	
First Name(s)	
Surname	
Date of Birth	
What is their sex?	<input type="radio"/> Male <input type="radio"/> Female
Is the gender they identify as, the same as the gender they were assigned to at birth?	<input type="radio"/> Yes <input type="radio"/> No
If you answered no to the previous question, please write their gender identity here	
Relationship to you	<input type="radio"/> Partner <input type="radio"/> Son/Daughter <input type="radio"/> Another Child <input type="radio"/> Another Adult <input type="radio"/> Lodger <input type="radio"/> Other
Do they consider themselves to have a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered yes to the previous question, please select all that apply	<input type="radio"/> Alzheimer's / Dementia <input type="radio"/> Drug or alcohol dependency / problems / misuse <input type="radio"/> Hearing impairment <input type="radio"/> Learning difficulty <input type="radio"/> Learning disability <input type="radio"/> Long standing illness <input type="radio"/> Mental health condition <input type="radio"/> Visual impairment <input type="radio"/> Other
If you answered 'other' in the previous question please define their disability	
Do you want to add another household member?	<input type="radio"/> Yes <input type="radio"/> No

Person 6	
First Name(s)	
Surname	
Date of Birth	
What is their sex?	<input type="radio"/> Male <input type="radio"/> Female
Is the gender they identify as, the same as the gender they were assigned to at birth?	<input type="radio"/> Yes <input type="radio"/> No
If you answered no to the previous question, please write their gender identity here	
Relationship to you	<input type="radio"/> Partner <input type="radio"/> Son/Daughter <input type="radio"/> Another Child <input type="radio"/> Another Adult <input type="radio"/> Lodger <input type="radio"/> Other
Do they consider themselves to have a disability?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
If you answered yes to the previous question, please select all that apply	<input type="radio"/> Alzheimer's / Dementia <input type="radio"/> Drug or alcohol dependency / problems / misuse <input type="radio"/> Hearing impairment <input type="radio"/> Learning difficulty <input type="radio"/> Learning disability <input type="radio"/> Long standing illness <input type="radio"/> Mental health condition <input type="radio"/> Visual impairment <input type="radio"/> Other
If you answered 'other' in the previous question please define their disability	

Marketing and communication preferences

You can tell us here how you would like Salix Homes to contact you, or how you would like to receive news or information about Salix Homes.

	Tenant
How would you prefer we contacted you?	<input type="radio"/> Telephone <input type="radio"/> Email <input type="radio"/> By post
Would you like to sign-up to our e-newsletter to keep in touch with the latest news from Salix Homes and find out what's going on across your neighbourhood	<input type="radio"/> Yes <input type="radio"/> No
How would you prefer us to share marketing information with you about Salix Homes? (Tick all that apply)	<input type="radio"/> Website <input type="radio"/> Email <input type="radio"/> Social Media <input type="radio"/> By post <input type="radio"/> SMS Text
We currently produce an annual magazine about things going on in your community called Limelight. You can view the latest version at www.salixhomes.co.uk/limelight	<input type="radio"/> I would like to receive an email to the online version of the magazine <input type="radio"/> I would like to be sent a printed version of the magazine <input type="radio"/> I would prefer not to receive a copy of the magazine

Thank you for completing our survey. Your input is valued and your answers will help us to improve our services.

Privacy Matters Data Protection is a matter of trust, and your trust is important to us. We respect your privacy and want to reassure you we are committed to handling your data with care and attention to detail. When collecting and processing your personal information and keeping up-to-date records about our customers, we comply with the UK Data Protection laws and GDPR (General Data Protection Regulation).

By providing your personal information within this form, it may be used for other purposes by Salix Homes to enable us to provide a fair and competent service to all of our customers. This is also done in compliance with the UK GDPR and Data Protection Act 2018 principles. More detail on Data Protection can be found on the Information Commissioner's Office website at www.ico.org.uk. You can also read our full Data Protection statement on our website www.salixhomes.co.uk/dataprotection.