



St. Leger Homes of Doncaster Customer Profile Questionnaire

What are we trying to achieve?

St. Leger Homes is committed to ensuring that none of our customers receive less favourable treatment or is disadvantaged on the grounds of disability, race, colour, nationality or ethnic origin, religious belief or any other unjustifiable cause not specified.

What is this form for?

In order to ensure that we provide good quality services to our diverse customers we need to build up a detailed Profile of all customers including those on the waiting list.

To help us to achieve this, we are asking you to complete the form overleaf and return it to the address below.

The information provided by our customers will help us to ensure that we deliver services that people need and also improve the services that we currently offer.

What information are we asking for?

We are asking for a certain amount of personal information about our customers. Some of this information is to help us ensure that our policies and procedures do not discriminate.

Customers have the option not to answer any questions they do not feel appropriate.

All the information you provide will be treated and kept in strict confidence.

Please complete and return to:

Community Engagement Team
St. Leger Homes of Doncaster
St. Leger Court
White Rose Way
Doncaster
DN4 5ND

About You

Title

- Mr Mrs Miss Ms
- Other (please state)

.....

First Name.....

Last Name.....

Address.....

.....

.....

Post Code.....

Date of Birth/...../.....

Daytime Telephone Number

.....

Evening Telephone Number

.....

Mobile Telephone Number

.....

Email

.....

Gender

(Please tick only one)

- Male Transgender to Female
- Female Transgender to Male

Religion

(Please tick only one)

- Buddhist Christian Hindu
- Muslim Jewish Sikh
- None Other (please state)

About Your Partner (Joint Tenant)

(If you do not have a Joint Tenant living with you, please leave blank)

Title

- Mr Mrs Miss Ms
- Other (please state)

.....

First Name.....

Last Name.....

Date of Birth/...../.....

Daytime Telephone Number

.....

Evening Telephone Number

.....

Mobile Telephone Number

.....

Email

.....

Gender

(Please tick only one)

- Male Transgender to Female
- Female Transgender to Male

Religion

(Please tick only one)

- Buddhist Christian Hindu
- Muslim Jewish Sikh
- None Other (please state)

Ethnic Origin**You**
(Please tick only one)**Your Partner**
(Please tick only one)**White**

British

Irish

Any other white background

Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background

Asian or

Indian

Asian

Pakistani

British

Bangladeshi

Any other Asian background

Black or

Caribbean

Black

African

British

Any other Black background

Chinese

Chinese

Gypsy/Traveller**Any other ethnic group** (please state)

Disability

Do you consider yourself to have a disability?

Yes No

If yes, please tick all that apply:

- Physical Impairment
- Blind or Visual Impairment
- Mental Health Problems
- Deaf or Hearing Impairment
- Learning Difficulties
- Reading and/or Writing Difficulties
- Speech Impairment
- Wheelchair User

Other long-term illness/ health issue, please state

Sexual Orientation

This information is only used to monitor take up of services. (Please tick only one)

- Heterosexual (attracted to opposite sex)
- Gay (attracted to someone of the same sex)
- Lesbian (woman who is attracted to women)
- Bisexual (attracted to both sexes)
- Prefer not to say

Disability

Does your partner consider themselves to have a disability?

Yes No

If yes, please tick all that apply:

- Physical Impairment
- Blind or Visual Impairment
- Mental Health Problems
- Deaf or Hearing Impairment
- Learning Difficulties
- Reading and/or Writing Difficulties
- Speech Impairment
- Wheelchair User

Other long-term illness/ health issue, please state

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- Bisexual (attracted to both sexes)
- Prefer not to say

Language

If you are unable to speak or read in English and it prevents you from accessing our services, which language do you need information translating into?

(Please tick only one)

- Arabic
- Chinese Mandarin
- Farsi
- Kurdish Sorani
- Polish
- Russian
- Turkish
- Urdu

Other, please state

Contact Preference

How would you like us to contact you?

(Please tick all that apply)

- Telephone
- Letter
- SMS Text (Check customers mobile No)
- Email (Check customers email)
- In person at your home

Other, please state

Your Partners Language

If your partner is unable to speak or read in English and it prevents you from accessing our services, which language do you need information translating into?

(Please tick only one)

- Arabic
- Chinese Mandarin
- Farsi
- Kurdish Sorani
- Polish
- Russian
- Turkish
- Urdu

Other, please state

Contact Preference

How would your partner like us to contact them?

(Please tick all that apply)

- Telephone
- Letter
- SMS Text (Check customers mobile No)
- Email (Check customers email)
- In person at your home

Other, please state

Format Preference

What format do you need to receive information in?

(Please tick only one)

- Written
- Braille
- Large Print
- Audio Tape
- Oral
- British Sign Language
- Type Talk
- Coloured Paper (Pink/Blue/Yellow/Green)
(Circle as appropriate)

Other, please state

Additional Requirements

Do you have any additional requirements for visits?

- Yes
- No

If yes, please tick all that apply

- Knock loudly
- Wait for access
- Use the back door
- Use the side door
- Use the front door

Other, please state

Format Preference

What format do you need to receive information in?

(Please tick only one)

- Written
- Braille
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- Type Talk
- Coloured Paper (Pink/Blue/Yellow/Green)
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Other, please state

Additional Requirements

Does your partner have any additional requirements for visits?

- Yes
- No

If yes, please tick all that apply

- Knock loudly
- Wait for access
- Use the back door
- Use the side door
- Use the front door

Other, please state

Special Contact Details for visits

Do you want us to contact a third person such as a carer before visiting?

Yes No

If yes, please give us their details

First Name..... Last Name.....

Address.....
.....

Daytime Telephone Number

Mobile Telephone Number

Declaration

I give my consent for St. Leger Homes to use the information on this form for service improvement as well as for statistical purposes.

I understand it will be recorded on a computer database and access to this will be security controlled.

We may also like to contact you in the future to ask for your views about our services. Would you agree to this?

Yes No

If yes, would you be interested in:

(Please tick all that apply)

- Meetings Postal surveys Telephone surveys
- Home visits Email surveys Texting

Signed.....

Date.....

OFFICE USE ONLY

Date Issued: Date Received:.....

Officer: (Print Name).....

Officer: (Signature).....