

It may also share this information with other bodies administering public funds solely for these purposes.

I/We have checked the details above about my/our situation, I/we have read the warning & understand what it means.

I/We agree to inform Swindon Borough Council of any change in the details provided.

I/We authorise Swindon Borough Council and/or a Registered Social Landlord (Housing Association) to make any necessary enquiries regarding this application.

Failure to answer all the relevant questions on this form will result in the form being returned to you.

Tenant's Signature.....Date.....

Joint Tenant's Signature.....Date.....

When completed, please return this form to the address shown on the front page. In accordance with section 92, Housing Act 1985, consent to this exchange request will be given or refused within 42 days of receipt of the request.

For office use only

Eligible to register	<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible to exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason code	<input type="text"/>
Application date	<input type="text"/>	Re-Reg date	<input type="text"/> Cat <input type="text"/>
Date credit control check completed	<input type="text"/>	Outstanding debt found	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Amount	<input type="text"/>
Tenure	<input type="text"/>	Type	<input type="text"/>
		Floor	<input type="text"/>
		Total no Beds	<input type="text"/>
Touchfax	<input type="checkbox"/> Yes <input type="checkbox"/> No	EXCH Failed	<input type="checkbox"/> Yes <input type="checkbox"/> No
		To Remain on list	<input type="checkbox"/> Yes <input type="checkbox"/> No

Requirements:

Prop Type	<input type="text"/>	Floor	<input type="text"/>	Area	<input type="text"/>	SF	<input type="text"/>
Assessed by	<input type="text"/>			Input by	<input type="text"/>		
Date	<input type="text"/>	Letter sent	<input type="text"/>				
Mutual exchange partnership created	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Diary Notes:

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Equalities Monitoring Form

Swindon Borough Council has a Corporate Equalities Strategy, which outlines our commitment to providing high quality, appropriate services which meets the needs of the local population. We aim to ensure that no one is discriminated against in the way they access or receive our services.

As part of that commitment, we are monitoring what we do and would be extremely grateful, if you could complete this questionnaire.

Please place a tick in the boxes where applicable:

How would you describe your ethnic origin?

White

	Applicant	Joint Applicant
British	<input type="checkbox"/> 5B	<input type="checkbox"/> 5B
Irish	<input type="checkbox"/> 5M	<input type="checkbox"/> 5M
Polish	<input type="checkbox"/> 5W	<input type="checkbox"/> 5W
Italian	<input type="checkbox"/> 5O	<input type="checkbox"/> 5O
Any other White background	<input type="checkbox"/> 7B	<input type="checkbox"/> 7B

Black or Black British

	Applicant	Joint Applicant
Caribbean	<input type="checkbox"/> 2M	<input type="checkbox"/> 2M
African	<input type="checkbox"/> 2B	<input type="checkbox"/> 2B
Any other Black background	<input type="checkbox"/> 2O	<input type="checkbox"/> 2O

Chinese or other Ethnic Group

	Applicant	Joint Applicant
Chinese	<input type="checkbox"/> 2W	<input type="checkbox"/> 2W
Any other ethnic group	<input type="checkbox"/> 3B	<input type="checkbox"/> 3B

Mixed

	Applicant	Joint Applicant
White and Black Caribbean	<input type="checkbox"/> 7M	<input type="checkbox"/> 7M
White and Black African	<input type="checkbox"/> 7O	<input type="checkbox"/> 7O
White and Asian	<input type="checkbox"/> 7E	<input type="checkbox"/> 7E
Any other Mixed Background	<input type="checkbox"/> 7W	<input type="checkbox"/> 7W

Asian or Asian British

	Applicant	Joint Applicant
Indian	<input type="checkbox"/> 1M	<input type="checkbox"/> 1M
Pakistani	<input type="checkbox"/> 1W	<input type="checkbox"/> 1W
Bangladeshi	<input type="checkbox"/> 1B	<input type="checkbox"/> 1B
Any other Asian background	<input type="checkbox"/> 1O	<input type="checkbox"/> 1O

Do you consider yourself to have a disability?

Yes No

If yes, please tick the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Blind/Partially Sighted |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Mental Health Difficulties |
| <input type="checkbox"/> Wheelchair User/Mobility Impairment | <input type="checkbox"/> Unseen e.g. Diabetes, Epilepsy |
| <input type="checkbox"/> Other, please state | |

If you require assistance in completing this form please contact Housing on 01793 463181.
 If you require a copy of this form in another format please contact Housing on 01793 463181.
 I agree for the information I have provided to be used by Swindon Borough Council to monitor Equalities within the Council.