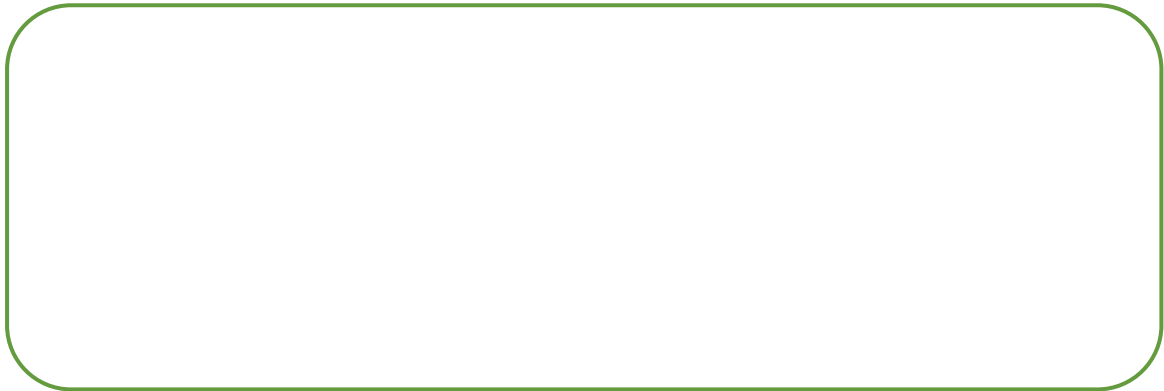


# Getting to Know You



0300 123 8084  
[www.ccgwynedd.org](http://www.ccgwynedd.org)

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HSQE System/E&Df01/JLJ/0915 – Issue 1

## SECTION 1 - ABOUT YOU

To help us treat everybody with dignity and respect, and in line with our Corporate Equality and Diversity Policy, we need to know the following information about you and your household

**Please note: -**

**The tenant is the person or persons named on the Tenancy Agreement and who is responsible for the home. All other people must be listed in Section 2 – About your household**

**PLEASE LET US KNOW IF THERE ARE MORE THAN TWO TENANTS ON YOUR TENANCY**

PERSONAL DETAILS	Tenant 1		Tenant 2	
Title (Mr/Mrs/Ms/Miss etc)				
Forename(s)				
Surname				
Are you known by another name?				
Date of birth				
Age				
Gender				
Marital status				
National Insurance number				
What is the relationship of Tenant 2 to Tenant 1 (e.g. Husband, Wife, Partner etc)				
PREFERRED LANGUAGE	Tenant 1		Tenant 2	
Preferred written language	Welsh		Welsh	
	English		English	
	Other (Please State)		Other (Please State)	
Preferred spoken language	Welsh		Welsh	
	English		English	
	Other (Please State)		Other (Please State)	

Please say how you would describe your sexual orientation? Please tick ✓		
Sexual Orientation	Tenant 1	Tenant 2
Bisexual		
Gay		
Lesbian		
Heterosexual / straight		
Prefer not to say		

What is your ethnic origin? Please tick ✓			
EQUALITY and DIVERSITY		Tenant 1	Tenant 2
<b>WHITE</b>			
A0	Welsh		
A4	English		
A2	Irish		
A5	Scottish		
A1	British		
Z1	Gypsy		
Z2	Irish Traveller		
A3	Other White (Please state)		
<b>MIXED RACE</b>			
B1	White and Black Caribbean		
B2	White and Black African		
B3	White and Asian		
B4	Other Mixed (Please state)		
<b>ASIAN OR ASIAN BRITISH</b>			
C1	Indian		
C2	Pakistani		
C3	Bangladeshi		
C4	Other Asian (Please state)		
<b>BLACK OR BLACK BRITISH</b>			
D1	Caribbean		
D2	African		
D3	Other Black (Please state)		
<b>CHINESE</b>			
E1	Chinese or Chinese British		
<b>OTHER</b>			
E2	Any other ethnic origin		
F1	Prefer not to say		
<b>What is your religion? Please tick ✓</b>			
Religious Belief		Tenant 1	Tenant 2
BWD	Buddhist		
CRISTI	Christian		
HIND	Hindu		
IDDEW	Jewish		
MWSL	Muslim		
SIKH	Sikh		
DCRE	No Religion		
	Other Religion (please state)		
DDIM	Prefer not to say		

**SECTION 1.1 - CONTACT DETAILS / GETTING IN TOUCH**

Please note your contact details below If any of your contact details change, please let us know		
Contact details	Tenant 1	Tenant 2
Home telephone number		
Work telephone number		
Mobile telephone number		
Email address		
Correspondence address (if different to the Tenancy address)		
<p><b>By providing us with the above details, you are agreeing to us using this/these method(s) to contact you. These details will not be shared with others, unless they are acting on our behalf.</b></p>		
<p><b>Are you willing for CCG or our representatives to contact you occasionally to ask your views about our services?</b></p>		
	Tenant 1	Tenant 2
Yes or No		
<p><b>If yes, please indicate the best way to contact you</b></p>		
	Tenant 1	Tenant 2
Phone		
Text		
Email		

**SECTION 1.2 - EMPLOYMENT and FINANCIAL STATUS**

**We need this information so we can offer you help and advice if you are affected by Welfare Reform**

Which of the following best describes your working status? (Please tick all that apply ✓)				
Employment Status	Tenant 1		Tenant 2	
Working full-time (30+ hours)				
Working part-time (anything up to 30 hours) <i>Please note usual amount of hours worked</i>				
Self-employed				
Unemployed – looking for work				
Unemployed – not looking for work				
Long-term sickness / disability				
Government supported training				
Looking after family / home				
Retired				
Carer				
Receiving Benefits /Universal Credit				
Full-time student				
Part-time student				
Other				
<b>What is your <u>normal</u> work pattern? (Please tick one box only for each tenant)</b>				
Work pattern	Tenant 1		Tenant 2	
Normal office hours (9am-5pm)				
Part time (mornings)				
Part time (afternoons)				
Night shifts				
Split shifts				
Rota				
Varied hours				
None				
<b>BANK ACCOUNT</b>				
	Tenant 1		Tenant 2	
	Yes	No	Yes	No
Do you have a bank account or any other account?				
<b>If yes, which of the following do you have? (Please tick all that apply)</b>				
	Tenant 1		Tenant 2	
Current account				
Building Society account				
Credit Union				
Savings account				
Post Office account				
Other account (please note)				

	Tenant 1		Tenant 2	
	Yes	No	Yes	No
Are you finding it hard to pay your bills and manage your money?				
Would you like us to help you get advice on the following?: -	Tenant 1		Tenant 2	
	Yes	No	Yes	No
Debt?				
Benefits?				

### Household Income

Which of these applies to your household? (please tick one box only)  
This includes **total** income – **earnings plus benefits** (including Housing Benefit)

Single parent with income of £500 per week or more

Single parent with income of less than £500 per week

Couple with or without children with income of £500 per week or more

Couple with or without children with income of less than £500 per week

Single person without children with income of £350 per week or more

Single person without children with income of less than £350 per week

	Tenant 1		Tenant 2	
	Yes	No	Yes	No
Do you get Housing Benefit / Housing Element of Universal Credit?				

### How would you like to pay?

Which of the following ways would you use to pay your rent?

CODE	PAYMENT METHOD	
DD	Direct Debit	
SO	Standing Order	
POST	Post Office / PayPoint outlet	
TEXT	Text payment	
FFON	Telephone payment	
ONLI	Online payment	

## SECTION 2 - ABOUT YOUR HOUSEHOLD WHO ELSE LIVES WITH YOU?

	Person 1	Person 2	Person 3	Person 4
Title				
Forename(s)				
Surname				
Date of birth				
Age				
Gender				
National Insurance Number (over 16s)				
Relationship to Tenant1*				
Ethnicity (please pick from list in Section 1)				
Religious Belief				
Sexual Orientation (please pick from list in Section 1)				
	Person 5	Person 6	Person 7	Person 8
Title				
Forename(s)				
Surname				
Date of birth				
Age				
Gender				
National Insurance Number (over 16s)				
Relationship to Tenant1*				
Ethnicity (please pick from list in Section 1)				
Religious Belief				
Sexual Orientation (please pick from list in Section 1)				

\* Please note what is the relationship of the above household member to Tenant 1, e.g. husband, wife, partner, son, daughter, mother, father etc.

Current pregnancy details			
Are you or anyone else in the house pregnant?	Yes		No
If yes, please note who and what is their due date?	Name		
	Due date		

## SECTION 2.1 - DISABILITY and LONG-TERM ILLNESS

**Does anyone in the household consider themselves to have a disability? (a disabled person is someone with a physical or sensory impairment, long-term medical condition, learning difficulty, or mental health problem)**

If **yes**, please tell us the type of disability (please tick all that apply): -

Type of disability	Tenant 1	Tenant 2	Other	Name
Blind / visual impairment				
Profoundly deaf				
Partially deaf				
Speech impairment				
Mental health problems				
Mobility difficulties				
Wheelchair user				
Mobility scooter				
Learning difficulties				
Problems with everyday tasks				
Long-term limiting illness				
Other				
If other, please describe: -				

### ADAPTATIONS

**Do you have any of the below adaptations or equipment in your home?  
(please tick all that apply)**

Community alarm call bell / Galw Gofal (Emergency Call system)		Social Services support equipment sensors (Telehealth) <b>Please provide list of equipment: -</b>	
Grab rails – door or shower/bath/WC		Handrails / Stair rails	
External Ramp Access		Internal Ramps	
Lowered worktops		Lowered electricity sockets	
Through floor lift		Full internal wheelchair access	
Hoist track		Stair lift	
Keysafe door entry box		Level access shower / wet room	
Any other bathroom adaptations		High visibility paint to step(s)	
Other		Any WC adaptations	

**If other, please describe: -**



## SECTION 2.2 - SUPPORT AND SPECIAL REQUIREMENTS

SUPPORT					
	Tenant 1		Tenant 2		
	Yes	No	Yes	No	
Do you need extra time to answer the door or telephone?					
Do you need someone to be with you if we visit your home?					
If yes, please let us know their details: -					
Name: .....					
Address: .....					
Telephone no: .....					
Relationship to you: .....					
Could CCG do anything to improve, repair or assist you in your home? If yes, please describe: -			Yes	No	
Does anyone in your household regularly receive essential help /support? If yes, please give details: -			Yes	No	
Name of person(s) receiving support	Type of support received and from whom				
SUPPORT SERVICES					
Please tell us if you are in regular contact with a support service or agency. This can be your GP, a Health Visitor, Social Worker, Housing Officer or Support Worker (e.g. Community Mental Health Team, Drug / Alcohol Service, Probation Service)					
Household member(s) receiving support	Support service / agency	Name of support worker / agency	Contact number of support worker / agency		
Do you want to be put in contact with a support service or Agency?	Tenant 1		Tenant 2		
	Yes	No	Yes	No	
If you respond "yes", you are providing us with permission to share your details with a 3 <sup>rd</sup> Party.					
If yes, please advise: -					
ARMED FORCES					
Have you ever been a member of the Armed Forces? Support may be available to you					
Tenant 1	Yes	No	Tenant 2	Yes	No

**SPECIAL REQUIREMENTS - COMMUNICATION**

We try our best to make sure our services are accessible to everyone regardless of language needs or disability. Would you like the information from us to be in any of the following formats?: -

	Tenant 1	Tenant 2
Large print		
Audio CD		
Audio tape		
Braille		
BSL interpreter		
Written translation to another language		
Spoken translation to another language		
Other		
If other, please describe: -		

<b>VULNERABILITY</b>				
	Tenant 1		Tenant 2	
	Yes	No	Yes	No
Do you consider yourself to be vulnerable?				
If yes, please provide details: -				
	Tenant 1		Tenant 2	
Has anyone in your household been a victim of a crime, harassment, discrimination or anti-social behaviour?	Yes	No	Yes	No
If yes, please provide details: -				
Would you like a member of CCG staff to contact you confidentially to discuss this?	Yes	No	Yes	No

**SECTION 3****NEXT OF KIN / EMERGENCY CONTACT / POWER OF ATTORNEY/ ALTERNATIVE CONTACT**

We will only communicate with these contacts in an emergency

**TENANT 1**

NEXT OF KIN				EMERGENCY CONTACT			
Name				Name			
Address				Address			
Postcode				Postcode			
Tel no (Home)				Tel no (Home)			
Tel no (Work)				Tel no (Work)			
Tel no (Mobile)				Tel no (Mobile)			
Relationship to you				Relationship to you			
Do they hold a key to the home?				Do they hold a key to the home?			
Yes				No			
POWER OF ATTORNEY <b>Proof required</b>				ALTERNATIVE CONTACT			
Name				Name			
Address				Address			
Postcode				Postcode			
Tel no (Home)				Tel no (Home)			
Tel no (Work)				Tel no (Work)			
Tel no (Mobile)				Tel no (Mobile)			
Relationship to you				Relationship to you			
Do they hold a key to the home?				Do they hold a key to the home?			
Yes				No			

**TENANT 2**

NEXT OF KIN				EMERGENCY CONTACT			
Name				Name			
Address				Address			
Postcode				Postcode			
Tel no (Home)				Tel no (Home)			
Tel no (Work)				Tel no (Work)			
Tel no (Mobile)				Tel no (Mobile)			
Relationship to you				Relationship to you			
Do they hold a key to the home?				Do they hold a key to the home?			
Yes				No			
POWER OF ATTORNEY <b>Proof required</b>				ALTERNATIVE CONTACT			
Name				Name			
Address				Address			
Postcode				Postcode			
Tel no (Home)				Tel no (Home)			
Tel no (Work)				Tel no (Work)			
Tel no (Mobile)				Tel no (Mobile)			
Relationship to you				Relationship to you			
Do they hold a key to the home?				Do they hold a key to the home?			
Yes				No			

## SECTION 4 - DECLARATION

Please read the following declaration before you sign this form.

Your details are held on a computer and kept as required by the Data Protection Act. The information we collect is for our own use only. We will not be sharing this information with anyone else unless we are required to do so by law, and it will not be used for anything other than helping us to improve our services

.....  
 I / we declare that the information provided by me / us is true and accurate to the best of my / our knowledge.

Signature Tenant 1	Date
Signature Tenant 2	Date

Signature Tenant 3	Date
Signature Tenant 4	Date

**Cartrefi Cymunedol Gwynedd will contact you again in the future to check that your records are fully up to date. However, should your circumstances change in the meantime, please let us know.**

Our Contact Details	
Phone	0300 123 8084
Email	<a href="mailto:enquiries@ccgwynedd.org.uk">enquiries@ccgwynedd.org.uk</a>
Website	<a href="http://www.ccgwynedd.org.uk">www.ccgwynedd.org.uk</a>
Facebook	facebook.com/ccgwynedd
Twitter	@cartrefigwynedd

**Thank you for filling in this questionnaire**

.....

<i>For CCG use only</i>			
<b>Completed on</b>		<b>Completed by</b>	
<b>Inputted on</b>		<b>Inputted by</b>	
<b>Amended on</b>		<b>Amended by</b>	