



# KINGDOM

Housing Association

## Application for Membership

Full Name:
Address:
Date of Birth:
Occupation:
Do you have any particular reason for wishing to become a member of Kingdom?

(Please complete the Equality and Diversity Monitoring Form overleaf.)

I am supportive of the Mission Vision and Values of the Association.

Signed..... Date.....

*Please return to:*

*Kingdom Housing Association Limited  
Saltire Centre, Pentland Court, Glenrothes, Fife KY6 2DA*

**Tel: 01592 631661**

**Email: [kingdom@kingdomhousing.org.uk](mailto:kingdom@kingdomhousing.org.uk) Web: [www.kingdomhousing.org.uk](http://www.kingdomhousing.org.uk)**

**Scottish Charity No: SC000874**

## EQUALITY AND DIVERSITY MONITORING FORM

Kingdom operates a non-discriminatory Membership policy. In order to monitor the effectiveness of this Policy and our Equality and Diversity Policy, we request all applicants to provide the information requested on this Appendix to ensure that everyone has a fair chance of being accepted as a member. Please complete the following.

### Ethnic Origin

White:		Black, Black Scottish, Black British:	
Scottish	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Other British	<input type="checkbox"/>	African	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Any Other Black Background	<input type="checkbox"/>
Gypsy / Traveller	<input type="checkbox"/>		
Polish	<input type="checkbox"/>	Other Ethnic Background:	
Any Other White Background	<input type="checkbox"/>	Arab, Arab Scottish or Arab British	<input type="checkbox"/>
		Any Other Group	<input type="checkbox"/>
Mixed or Multiple Ethnic Background:	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Asian, Asian Scottish or Asian British:			
Indian	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>		
Any Other Asian Background	<input type="checkbox"/>		

### Gender

Are you? Male  Female

### Disability

Disability, as defined by the Disability Discrimination Act 1995, is *“if a person has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.”*

Do you consider yourself to be disabled? Yes  No

#### DATA PROTECTION STATEMENT

We will use the information you give in this form, and in any supporting evidence you send us, to process your application for membership. We may pass the information to other agencies or organisations as allowed by the law and in accordance with our Registration with the Information Commissioner.

Kingdom is registered under the Data Protection Act with the office of the Information Commissioner. Kingdom Housing Association Limited is the Data Controller for the purposes of the Data Protection Act.

As the Data Subject you have the right to access the information we hold on you. If you wish to exercise this right please contact our office and ask for a Data Subject Access Request For

