



You could win
£250
Cash Prize

Help us
to help you...

No two people are the same.

We are all different; we have different needs, come from different backgrounds and have different interests. The more we know about you the easier it is to provide our services in ways which suit your needs, eg:

- home improvements
- service choices/options
- easy contact
- user friendly advice



We cannot promise to fit everything we do around everyone's individual needs, but we can try and make some things easier or better. To do this we need your help. We need to know about certain things like disabilities and language and keep a record of it. This is why we are asking all our customers to complete this questionnaire and return it to us in the pre-paid envelope (no stamp required).

Please do not worry. All the information you give us will be kept confidential and will only be used by us and our contractors to supply or monitor our services to you. We will never sell your details to any other organisation and will keep it in accordance with the Data Protection Act.

As a thank you for your time we will enter every completed questionnaire into a **six monthly prize draw***.

You could win £250.

We are sending this form to everyone on your tenancy agreement. Please could you complete it for yourself. Should you require any additional forms for your partner/spouse, please contact Harvest Response on LoCall **0845 345 0272**.

*Terms and conditions

1. A prize draw will take place every six months on the last working day of May and November.
 2. There will be one prize winner, this will be the first entry drawn. The decision will be final and no correspondence will be entered into.
 3. The prize draw is open to all Harvest Housing Group's customers who return a completed form two days before the draw date.
 4. All completed forms must be received by the last working day of May or November and will be entered into one six monthly draw.
 5. The prize winner will be notified by post within one month of the draw taking place.
 6. A list of winners will be available at www.harvesthousing.org.uk within one month of the draw.
- The promoter is Harvest Housing Group, Apex House, 266 Moseley Road, Levenshulme, Manchester M19 2LH



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About you and your household

Your name

Your address

.....

..... Postcode

Telephone (Home) Telephone (Work)

Telephone (Mobile) Email

Q1

Which of the following best describes your employment status?

(please tick one)

- Employee in full time job (30 hours or more per week)
- Employee in part time job (under 30 hours per week)
- Self Employed - full or part time
- Government supported training
- Job seeker
- Wholly retired from work
- Full time education at school, college or university
- Looking after family/home
- Permanently sick/disabled
- Doing something else

Q2

If you are in employment, what is your pattern of work?

(please tick one)

- 9-5 Office hours
- Mainly evenings
- Mainly nights
- Mixture
- Other, please state

Q3

To which of these groups do you consider you belong?

If you prefer not to say please tick here.

a. White

- British
- Irish
- Other please state

b. Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Other please state

c. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other please state

d. Black or Black British

- Caribbean
- African
- Other please state

e. Chinese or other ethnic group

- Chinese
- Other please state

f. Gypsy/Romany/Traveller



About you and your household

Q4

What is your religion?

.....

If you prefer not to say please tick here.

Q5

What is your nationality?

(please tick one)

UK National Resident

UK National returning from residence overseas

Czech Republic

Estonia

Hungary

Latvia

Lithuania

Poland

Slovakia

Slovenia

Other European Country

Any other country – please state

.....

Q6

What is your preferred language?

.....

Q10

Please complete the table below with details of anyone currently living in your home?

| First Name | Last Name | Date of Birth | Relationship (eg marital status, partner or child) | Gender (male / female) | Sexuality (heterosexual/ lesbian / gay / bisexual / transgender) *** | National Insurance Number *** |
|------------|-----------|---------------|--|------------------------|--|-------------------------------|
| | | | Yourself | | | |
| | | | Partner | | | |
| | | | | | | |
| | | | | | | |

***please leave blank if you prefer not to say.

Q7

Do you have access to banking facilities?

No

Savings account

Current account

Other please state

Q8

Do you receive housing benefit directly or is it sent to your landlord?

(please tick one)

Direct

Paid to landlord

I do not receive housing benefit

Q9

How would you describe the composition of your household?

(please tick one)

One adult under 60

One adult aged 60 or over

Two adults both under 60

Two adults at least one over 60

Three or more adults

One parent family with child/ren (at least one under 16)

Two parent family with child/ren (at least one under 16)

About your home

Q11

Do you think the number of rooms you have in your house is..?

(please tick one)

- Too few
- Too many
- About right

Q12

Are you or any other member of your household planning/likely to move to other accommodation in the next three years?

(please tick one)

- Yes
- Not sure
- No

(go to Q16)

Q13

What type of property might be required?

(please tick one)

- 1 Bedroom
- 2 Bedroom
- 3 Bedroom
- Not sure

Q14

Where might the property be in relation to your current home?

(please tick one)

- Nearby (1-2 miles)
- In the same town (3-6 miles)
- Inside the county
- Outside the county
- Not sure

Q15

Will the property be?

(please tick one)

- Privately owned
- Privately rented
- Rented through a Council or Housing Association
- Not sure



Disabilities

Q16

Do you consider yourself to have a disability or any access requirements?

- Yes
 - No
- (go to Q18)

Q17 (optional)

If yes, are they?

- Hearing impairments
- Speech impairments
- Visual impairments
- Emotional or psychological
- Literacy difficulties
- Mobility difficulties
- Learning difficulties
- Other please state

Q18

Do you use a wheelchair/mobility scooter?

- Yes
- No

Q19

Is your home suitable for your access needs? eg if you have a wheelchair or have a disability.

- Yes
 - No
- please state why

Q20

We take particular care in the way we respond to the needs of vulnerable customers. Do you consider yourself to be vulnerable in anyway for example, through age, disability or illness?

- Yes
 - No
- If yes, please state why

Making Contact

Q21

How would you prefer that we contact you?

- Phone
- Home visit
- Email
- Text
- Letter
- Neighbourhood inspection

Q22

How would you prefer to contact us?

- Phone
- Visit to area office
- Email
- Digital TV
- Letter
- Text
- Website

Q23

Please indicate if you have any special requirements when we communicate with you.

- Large Print
- Letter reading service
- Braille
- Sign language
- Audio (CD/Tape)
- Type Talk
- Translation

Feeling Safe

Q24

For each of the following do you think they are a serious, slight or not a problem in your neighbourhood?

| | Serious Problem | Slight Problem | Not a problem |
|---|--------------------------|--------------------------|--------------------------|
| Domestic violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homophobia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harassment due to disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Racial harassment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to building | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anti social behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of community spirit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other <input type="checkbox"/> please state | | | |

Getting Involved

Q25

Do you have access to transport?

- Yes, I use my own transport
- Yes, I use public transport
- No
- Other please state

Q26

Would you be interested in becoming involved in the things that we do in any of the following ways? Tick all that apply.

| | Already involved | Would like to be involved | Not interested |
|---|--------------------------|------------------------------|--------------------------|
| Customer satisfaction surveys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Block/Street/Village representatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Estate walkabouts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| New sign up visit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mystery shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Video diaries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harvest 300 Club (Survey group) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working Group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Link/Newsletters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resident Training Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing surgeries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Estate agreements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residents Conference | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Youth forums | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mentoring/shadowing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Customer Involvement panels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communications/Editorial panel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeowners forum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Continuous Improvement groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Estate management Committees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Board Membership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residents association | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Focus Groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information/Open days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tenant management organisations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resident Involvement Impact Assessments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect panel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q27

Would you like to receive more information about the above?

- Yes No

Q28

Is there any other involvement you would be interested in?

.....

.....

.....

Authorisation

I agree / do not agree (delete one) for the above details that I have provided to Harvest Housing Group to be used to update their databases to enable them to provide a better and more targeted service.

Name (Printed) Date

Signature

At any time you can ask to see the information we hold about you, your partner or a family member living in your home. You may see, comment and correct it. If the information relates to any legal action or if releasing it could cause distress or disadvantage to any other person, then for legal reasons we will have to refuse the request.

If you do not want to complete ANY of this form please tick here

آيا كمك لازم داريد؟ Нуждаетесь в помощи?
Besoin d'aide ? کیا آپ کو مدد کی ضرورت ہے؟
મદદની જરૂર છે? ਕੀ ਤੁਹਾਨੂੰ ਮਦਦ ਲੋੜੀਂਦੀ ਹੈ ?
Czy potrzebna jest pomoc?

 0845 345 0272

For office use only

How the form was completed

- Application
- Tenancy sign up
- Face to face
- Gas contractor
- Complaint
- Resident
- Standard mailing

Thank you for completing this questionnaire, please return the questionnaire in the envelope provided.

Address: Harvest Response, PO BOX 593, Preston, PR2 2WU.

