



**First name**

**Second name**

**Address**

**Postcode**

**E-mail address**

**Home or daytime phone number**

**Mobile phone number**

**I/we would like to be involved in the following ways (tick all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Completing surveys (help can be provided)        | <input type="checkbox"/> Attending local estate walkabouts - 'You said we did'.         |
| <input type="checkbox"/> Receiving & commenting on proposals via email    | <input type="checkbox"/> Joining tenant and resident groups.                            |
| <input type="checkbox"/> Attending discussion or focus groups             | <input type="checkbox"/> Attending fun days and local events                            |
| <input type="checkbox"/> Attending conferences / workshops                | <input type="checkbox"/> Carrying out surveys and inspections to check housing services |
| <input type="checkbox"/> Being added onto the Tenant Involvement database |   |

**I/ we are available (tick all that apply)**

- Mornings     Afternoons     Evening     Weekends

**I / we have an interest in (tick all that apply) – remains the same**

- |  |  |
|--|--|
| <input type="checkbox"/> Repairs and improvements (inside your home)                                       | <input type="checkbox"/> Equalities policies (ensuring services are accessible to all) |
| <input type="checkbox"/> Environmental improvements (outside your home)                                    | <input type="checkbox"/> Performance monitoring  |
| <input type="checkbox"/> Grass cutting/maintenance of communal areas                                       | <input type="checkbox"/> Arrangements for resident involvement                         |
| <input type="checkbox"/> Neighbourhood services (caretaking/cleaning/ neighbourhood wardens and gardening) | <input type="checkbox"/> Leaseholder services  |
| <input type="checkbox"/> Anti-social behaviour (noise/harassment/vandalism)                                | <input type="checkbox"/> Sheltered housing services                                    |
| <input type="checkbox"/> Budget, finance and rent setting  | <input type="checkbox"/> Services for young people                                     |
| <input type="checkbox"/> Production of Open House and other housing publicity                              |  |

**Board gives you more choice**

## About you

### Ethnicity

- |  |   |
|--|---|
| <input type="checkbox"/> White – British                 | <input type="checkbox"/> Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> White – Irish                   | <input type="checkbox"/> Asian or Asian British - Other       |
| <input type="checkbox"/> White – Other                   | <input type="checkbox"/> Black or Black British – Caribbean   |
| <input type="checkbox"/> Mixed – White & Black Caribbean | <input type="checkbox"/> Black or Black British – African     |
| <input type="checkbox"/> Mixed – White & Black African   | <input type="checkbox"/> Black - Other                        |
| <input type="checkbox"/> Mixed – White & Asian           | <input type="checkbox"/> Chinese                              |
| <input type="checkbox"/> Mixed – Other                   | <input type="checkbox"/> Other Ethnic Group                   |
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Asian or Asian British – Pakistani   |

### Disability

- |   |  |
|---|--|
| <input type="checkbox"/> Limited mobility                           | <input type="checkbox"/> Learning disability                           |
| <input type="checkbox"/> Visual impairment<br>the things you can do | <input type="checkbox"/> Long term health problem/illness which limits |
| <input type="checkbox"/> Hearing impairment                         | <input type="checkbox"/> Mental health problems                        |
| <input type="checkbox"/> Speech impairment                          | <input type="checkbox"/> None  |
| <input type="checkbox"/> Mental health problems                     | <input type="checkbox"/> Other impairment (please state)               |

### Religion

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh   |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> None   |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Other  |

### How do you describe yourself?

- |  |   |
|--|---|
| <input type="checkbox"/> Council Tenant                        | <input type="checkbox"/> Private Tenant |
| <input type="checkbox"/> Council Leaseholder                   | <input type="checkbox"/> Home Owner     |
| <input type="checkbox"/> Housing Association Tenant            |   |
| <input type="checkbox"/> Relative / Lodger of any of the above |   |

### Gender

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

### Age

Which of the following does your current age fall into?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Under 16    | <input type="checkbox"/> 16 / 17 year old |
| <input type="checkbox"/> 18 – 24     | <input type="checkbox"/> 25 – 39          |
| <input type="checkbox"/> 40 - 59     | <input type="checkbox"/> 60 – 74          |
| <input type="checkbox"/> 75 and over |   |

### Sexual orientation

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual            |
| <input type="checkbox"/> Gay man      | <input type="checkbox"/> Gay woman / lesbian |

### Household

Which of the following best describes your household?

- |  |
|--|
| <input type="checkbox"/> 1 adult, under 60                             |
| <input type="checkbox"/> 1 adult, over 60                              |
| <input type="checkbox"/> 2 adults, both under 60                       |
| <input type="checkbox"/> 2 adults, both over 60                        |
| <input type="checkbox"/> 2 adults, at least 1 over 60                  |
| <input type="checkbox"/> 2 – parent family (at least 1 child under 16) |
| <input type="checkbox"/> 1 – parent family (at least 1 child under 16) |
| <input type="checkbox"/> Other   |

Once registered you may be invited to information sessions to help you in your role. For further information, contact the Tenant Participation Team on **01827 709448** or freephone **0800 183 0454** or email: [tenantparticipation@tamworth.gov.uk](mailto:tenantparticipation@tamworth.gov.uk)

If you require an additional form for another member of your household please contact us or you can download one from the Tenant Participation website on

[http://www.tamworth.gov.uk/housing/tenant\\_participation.aspx](http://www.tamworth.gov.uk/housing/tenant_participation.aspx)

Tenant Participation Team, Tamworth Borough Council, FREEPOST BM8, Marmion House, Lichfield Street, Tamworth, Staffs B79 7BZ