

RESIDENT PROFILING FORM

The questions on this form apply to both the resident and where appropriate his/her partner.
Please answer all questions using BLOCK CAPITALS and ensure you have signed at the end of the form

SECTION A – PERSONAL DETAILS

Island Homes Address			
	Main Resident	Partner	
Title: Mr/Mrs/Miss/Ms/Other			
First Names:			
Surname:			
Sex (Male / Female)			
Date of Birth:			
Telephone Numbers:	Home: (if known)	Mobile:	Work:
Tenant			
Joint Tenant			
Email address:			
Tenant			
Joint Tenant			

The following section applies to the main resident only:

Next of Kin:		
Name:		
Address:		
Full post code:		
Telephone Numbers:	Home:	Mobile:
Relationship to you:		

SECTION B – FAMILY DETAILS

Please give details below of all others who live in the premises.					
Full Name	Male / Female	Date of birth	Relationship to main resident	Nationality	Ethnic Origin

Do you have a child/children to whom you regularly have access? If so please give their details below. Please state what access arrangements you have, i.e. weekends / weekly holidays/etc.

Full Name	Male/ Female	Date of Birth	Relationship to you	Present Address	Access Arrangements

Are you, your partner or anyone else in your household pregnant – Yes No

If yes please give details: -

Name:	Date baby due:

Do you have a pet ? Yes No

If YES, state type of pet	

SECTION C – YOUR FINANCIAL SITUATION

	Main Resident	Partner
Are you currently working:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Are you Self Employed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you or anyone else living with you receive a pension or benefit? Yes No

If Yes please give details below:

Type of pension/benefit	Yes/No	Type of pension/benefit	Yes/No	Type of pension/benefit	Yes/No
Child Benefit		Income Support		Maternity Benefit	
Jobseekers Allowance		Working Families Credit		Disability Living Allowance	
State Pension		Child Tax Credit		Attendance Allowance	
Private Pension		Incapacity Benefit		Carer's Allowance	

SECTION D – SPECIAL NEEDS

If any household member has a disability or illness which Island Homes should take into account when providing its services, we can note on our records so that you do not have to remind us every time you call

Does any household member have a disability or long term illness? **Yes** **No**

(The Disability Discrimination Act 1995 defines as: “a physical or mental impairment which has a substantial long-term effect on the ability to carry out normal day-to-day activities”)

If yes please give details below:

Name	Disability

Do you receive any support in your current accommodation? **Yes** **No**

If yes, please tick where applicable:

Home Carer	<input type="checkbox"/>	Support Worker	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	Health Visitor	<input type="checkbox"/>	CPN (Community Psychiatric Nurse)	<input type="checkbox"/>
Psychiatrist/Psychologist	<input type="checkbox"/>	Other (please specify)			<input type="checkbox"/>

SECTION E – COMMUNICATION

Q1 How good or poor are we at keeping you informed of what is going on?

Very Good Fairly Good Very Poor Fairly Poor Don't know

Q2 How would you rate the quality of written information you have received from us in terms of being easy to understand and in plain English.

Excellent Good Fair Poor Don't know

How could we improve (please write your comments below)

SIGNATURE

Signed:	Date:
Signed:	Date:

IMPORTANT Information given on this form will be treated with the strictest confidence and in line with the Data Protection Act 1998 & the Human Rights Act 1998.

Equal opportunities

It is the policy of Island Homes Group to ensure that all residents are treated equally, regardless of their race, colour, national origins, sexuality or disability. To ensure this policy is carried out, and for no other reason, please can you fill out this section.

This section applies to the household as a whole.

What is your main language:					
Can you speak English?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you require any of the following:					
Spoken translation		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		Large Print		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Written translation		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		Small print		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Braille		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		Other format <input type="checkbox"/>		Details.....	
Your preferred method of communication?					
Telephone <input type="checkbox"/>		Text <input type="checkbox"/>		Letter <input type="checkbox"/>	
		Face-to-face <input type="checkbox"/>			
Newsletter <input type="checkbox"/>		Email <input type="checkbox"/>		Public Meeting <input type="checkbox"/>	

The following section applies to the main resident only

Religion	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	None <input type="checkbox"/>	
	Other <input type="checkbox"/>	Refused <input type="checkbox"/>					
Would you say that this is the religion of your household?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual Orientation	Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Other <input type="checkbox"/>	Refused <input type="checkbox"/>	

ETHNIC ORIGINS

WHITE	BLACK OR BLACK BRITISH	ASIAN OR ASIAN BRITISH	MIXED	CHINESE OR OTHER ETHNIC GROUP
<input type="checkbox"/> UK White	<input type="checkbox"/> Black African	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish White	<input type="checkbox"/> Black	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> White/Black African	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Turkish	Caribbean	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White Asian	<input type="checkbox"/> Iranian
<input type="checkbox"/> Turkish Cypriot	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Indian	<input type="checkbox"/> White Asian Bangladeshi	<input type="checkbox"/> Iraqi (inc Iraqi Kurdish)
<input type="checkbox"/> Greek	<input type="checkbox"/> Somalian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> White Asian Indian	<input type="checkbox"/> Iraqi other
<input type="checkbox"/> Greek Cypriot	<input type="checkbox"/> Other Black		<input type="checkbox"/> White Asian Pakistani	<input type="checkbox"/> Other
<input type="checkbox"/> Kosovan			<input type="checkbox"/> Other Mixed	
<input type="checkbox"/> Eastern Europe				
<input type="checkbox"/> Kurdish Turkish				
<input type="checkbox"/> Other White				
<input type="checkbox"/> Gipsy				
<input type="checkbox"/> Romany				
<input type="checkbox"/> Irish Traveller				