



Scottish Housing Regulator

# National Panel of Tenants and Service Users

## Would you like to help improve social landlord services in Scotland?

The Scottish Housing Regulator ([www.housingregulator.gov.scot](http://www.housingregulator.gov.scot)) protects the interests of tenants and other users of Council and housing association services. The National Panel is one of the ways we can hear from tenants and people who use social landlord services and make sure we focus on the important things.

Panel members receive occasional surveys and invites to take part in other feedback exercises. As a member, you can share your experiences and views on various issues affecting social landlord services. Participation is always optional, and you can leave the Panel at any time.

Membership is open to Council and Housing Association **tenants**, people who have used **homeless services**, homeowners who receive social landlord **factoring or common repairs**, and people living on social rented **Gypsy/Traveller sites**.

**Questions?** Contact Engage Scotland, who manage the Panel for us, with any questions about the Panel. You can reach them on 0800 433 7212 or [natpan@engagescotland.co.uk](mailto:natpan@engagescotland.co.uk)

**Large print or other language?** For a copy of this form in large print or other languages, call Engage Scotland on 0800 433 7212 or email [natpan@engagescotland.co.uk](mailto:natpan@engagescotland.co.uk).

**Ready to join?** Fill in this form and return it in the envelope provided. You may also find it easier to join online at [www.bit.ly/shr-panel](http://www.bit.ly/shr-panel). To find out more about how we use your information and keep it safe, go to [www.bit.ly/shr-panel](http://www.bit.ly/shr-panel).

**Please provide your contact details below. As a minimum, we need a postal and/or email address to add you as a Panel member.**

Name

Address

Email

Home phone

Mobile phone

**We try to save paper (and postage) wherever we can. All members have the option to receive surveys by email - please tell us below which you would prefer.**

Link to web survey via email

Paper copy by post

We also invite members to take part in other feedback exercises. Please tell us which you might be willing to take part in - participation is always optional.

	Possibly	Definitely not
In-person conversation as an individual interview (in a local venue)	<input type="checkbox"/>	<input type="checkbox"/>
In-person conversation as a group discussion (in a local venue)	<input type="checkbox"/>	<input type="checkbox"/>
Telephone conversation	<input type="checkbox"/>	<input type="checkbox"/>
Online conversation (by email, online forum or other)	<input type="checkbox"/>	<input type="checkbox"/>
Trying out/Testing new tools or services	<input type="checkbox"/>	<input type="checkbox"/>

Would any of the following make it easier for you to take part in the Panel?

- |  |  |
|--|--|
| <input type="checkbox"/> Materials in large print        | <input type="checkbox"/> Materials in another language<br>(please tell us your preferred language below) |
| <input type="checkbox"/> Completing surveys by telephone | <input type="checkbox"/> Other (please write in below)   |

## About you

We use this information to analyse results and make sure the Panel is representative. Your details will remain **completely confidential**. Please skip any questions you would prefer not to answer.

In what month and year were you born?

 Month Year

What is your sex?

- |                                 |                               |  |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
|---------------------------------|-------------------------------|--|

Do you consider yourself to be a trans person?

- |                             |                              |  |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
|-----------------------------|------------------------------|--|

Which of the following best describes your ethnic group?

- |  |   |
|--|---|
| <input type="checkbox"/> White - Scottish                    | <input type="checkbox"/> Asian, Scottish Asian or British Asian       |
| <input type="checkbox"/> White - other British or Irish      | <input type="checkbox"/> African, Scottish African or British African |
| <input type="checkbox"/> White - other (please write in box) | <input type="checkbox"/> Caribbean or Black                           |
| <input type="checkbox"/> Mixed or multiple ethnic groups     | <input type="checkbox"/> Other ethnic group (please write in box)     |

Which of the following best describes your sexual orientation?

- |  |  |
|--|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Bisexual          |
| <input type="checkbox"/> Gay man               | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Lesbian/gay woman     | <input type="checkbox"/> Prefer not to say |

**What religion, religious denomination or body do you belong to?**

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> None               | <input type="checkbox"/> Hindu    |
| <input type="checkbox"/> Church of Scotland | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Roman Catholic     | <input type="checkbox"/> Sikh     |
| <input type="checkbox"/> Other Christian    | <input type="checkbox"/> Jewish   |
| <input type="checkbox"/> Muslim             | <input type="checkbox"/> Other    |

**Do you have a physical or mental health condition you expect to last for a year or more?**

- Yes  No  Prefer not to say

**Are you presently married or in a civil partnership?**

- |   |  |
|---|--|
| <input type="checkbox"/> Married              | <input type="checkbox"/> Neither           |
| <input type="checkbox"/> In civil partnership | <input type="checkbox"/> Prefer not to say |

**Are you currently pregnant or have you been pregnant in the last year?**

- Yes  No  Prefer not to say

**Including yourself, how many people are in your household?**

<input type="text"/> Adults	<input type="text"/> Children or babies
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**How long have you lived in your current home?**

- Less than 2 years  2-5 years  More than 5 years

**Which of the following applies to your household? Please tick all that apply**

- |  |   |
|--|---|
| <input type="checkbox"/> Social tenant                               | <input type="checkbox"/> Currently or recently used homeless services |
| <input type="checkbox"/> Owner receiving factoring or common repairs | <input type="checkbox"/> Living on a Gypsy/Traveller site             |

**Which social landlord provides your services?**

**Are you a member of a local tenants or residents organisation?**

- Yes  No

**How did you hear about the National Panel?**

**THANK YOU FOR JOINING THE PANEL**

Please return your completed form in the envelope provided to:

Engage Scotland, PO Box 21634, STIRLING, FK7 1ET

Your information is confidential and will be processed in accordance with the Data Protection Act and UK GDPR.