

General Customer Details

TVH wants to get to know you better so that we can shape our housing services to meet your needs. We recognise that you are individuals living in individual communities. By having accurate information about you we can ensure we make the right decisions about how we deliver our services to you. We also want to ensure that all our residents are treated equally and have easy access to our services. The information we collect will help us to understand our residents better, update information, complete missing information & gather equalities information to ensure we are not discriminating against anyone. It will also provide us with a comprehensive picture of our customer base. The information that we collect is for our own use and it will not be used for anything other than the purposes we have outlined above. Please remember that you do not have to answer any of the questions; you are providing this information to us voluntarily so feel free to miss out any questions you are not happy answering.

Customer Reference:		I do not wish to take part in this questionnaire <input type="checkbox"/>
---------------------	--	---

Please return to:	
-------------------	--

Contact

- 1 Preferred method of contact for household? Phone Letter Email Visit
- 2 Do you or any member of your household have easy access to a computer with an internet connection? Yes No

3. YOUR HOUSEHOLD

Person 1: Main rent/service charge payer		Tick preferred method of contact
Title:	Home No.:	<input type="checkbox"/>
First Name:	Work No.:	<input type="checkbox"/>
Surname:	Mob No.:	<input type="checkbox"/>
D.of B.:	Email:	<input type="checkbox"/>
Nationality:	Household ethnicity (see Q10 for categories):	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		

Person 2: Joint rent/ service charge payer or partner/ spouse		Tick preferred method of contact
Title:	Home No.:	<input type="checkbox"/>
First Name:	Work No.:	<input type="checkbox"/>
Surname:	Mob No.:	<input type="checkbox"/>
D.of B.:	Email:	<input type="checkbox"/>
Nationality:	Relationship to Person 1: Partner/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other child relative <input type="checkbox"/> Other adult <input type="checkbox"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		

Person 3:		Tick preferred method of contact
Title:	Home No.:	<input type="checkbox"/>
First Name:	Work No.:	<input type="checkbox"/>
Surname:	Mob No.:	<input type="checkbox"/>
D.of B.:	Email:	<input type="checkbox"/>
Nationality:	Relationship to Person 1: Partner/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other child relative <input type="checkbox"/> Other adult <input type="checkbox"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		

Person 4:		Tick preferred method of contact
Title:	Home No.:	<input type="checkbox"/>
First Name:	Work No.:	<input type="checkbox"/>
Surname:	Mob No.:	<input type="checkbox"/>
D.of B.:	Email:	<input type="checkbox"/>
Nationality:	Relationship to Person 1: Partner/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other child relative <input type="checkbox"/> Other adult <input type="checkbox"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		

Person 5:		Tick preferred method of contact
Title:	Home No.:	<input type="checkbox"/>
First Name:	Work No.:	<input type="checkbox"/>
Surname:	Mob No.:	<input type="checkbox"/>
D.of B.:	Email:	<input type="checkbox"/>
Nationality:	Relationship to Person 1: Partner/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other child relative <input type="checkbox"/> Other adult <input type="checkbox"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		

