

## 5. Declaration

I agree to becoming a member of the Customer Panel. I agree that Family Mosaic may record my details here for the purposes of consulting the customer panel.

Title  Mr  Mrs  Miss  Ms  Other

First name  Last name

Address

Postcode  Home phone

Mobile number  Work phone

Email

Signature  Date

**Thank you very much for completing this form  
Please return it in the freepost envelope provided  
or hand it to a member of staff.**

## Talking your language

English

This document gives information about how you can get involved. If you need any part of this information in large print, Braille, on CD or explained in your own language, please contact us on the number below.

Vietnamese

Tài liệu này cung cấp thông tin về việc tham gia. Nếu bạn cần bất kỳ phần nào trong thông tin này bằng chữ in to, chữ Braille, CD, băng tiếng hoặc giải thích bằng ngôn ngữ riêng của bạn, xin liên hệ với chúng tôi theo số dưới đây.

French

Ce document contient des informations sur votre implication personnelle. Si vous souhaitez obtenir une partie de ces informations en gros caractères, en Braille, sur CD, cassette audio ou expliqué dans votre langue, veuillez nous contacter au numéro indiqué ci-dessous.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਇਸ ਵਿੱਚ ਸ਼ਾਮਲ ਹੋਣ ਬਾਰੇ ਜਾਣਕਾਰੀ ਦਿੰਦਾ ਹੈ। ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਦੇ ਕਿਸੇ ਹਿੱਸੇ ਨੂੰ ਬ੍ਰੇਲ, ਸੀਡੀ, ਅੱਡੀਓ ਟੇਪ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ ਜਾਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਮਝਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Bengali

এই দস্তাবেজটি, জড়িত হওয়া সম্বন্ধে তথ্য সরবরাহ করবে। যদি আপনি এই তথ্যগুলোর যে কোন একটির সম্বন্ধে বিস্তারিত জানতে চান, অথবা আপনার নিজের ভাষাতে ব্লেস, সিডি, অডিও টেপ-এ পেতে চান তাহলে নিম্নলিখিত নম্বরে আমাদের সাথে যোগাযোগ করুন।

Arabic

تمتلك هذه الوثيقة بالمعلومات اللازمة عن المشاركة. إذا كنت ترغب في الحصول على أي جزء من هذه المعلومات مطبوعًا بأحرف كبيرة أو بطريقة برايل أو مسجلاً على اسطوانة مدمجة أو شريط صوتي أو مشروحًا باللغة التي تتحدثها، يرجى الاتصال بنا على الرقم الموضح أدناه.

Bu belge sorunların çözümüne nasıl katkıda bulunulur konuları hakkında bilgi verir. Bu bilginin herhangi bir kısmının büyük boyutlu harflerle, Braille alfabesiyle, CD'de, ses kaseti şeklinde veya ana dilinizle olmasını istiyorsanız, lütfen aşağıdaki telefon numarasından bize ulaşınız.

Turkish

Ev belge di derbarê mûjilî pêdanî da agahiyân dide. Heke hewceya we ji bo vê belgeyê bi herf û tîpên mezin, bi alfebeya koran, li ser CDyê, li ser kasêtê an jî bi zimanê we bi xwe hebin; ji kerema xwe digel jimara jêr va têkilî û munasebetê bi me ra daynin.

Kurdish

Dokumentigan wuxuu ku saabsan yahay arrimaha gelinta. Haddaad u baahan tahay warkan afkaaga-hooyo, afka loogu talagalay dadka aan arki karaan – afka faraha ama CD-ga ama ajeladda rekorka nala xirir. Namberkan isticmaal.

Somali

Αυτό το έγγραφο σας δίνει πληροφορίες σχετικά με τη συμμετοχή. Αν χρειάζεστε οποιοσδήποτε από αυτές τις πληροφορίες σε εκτύπωση, Μπράιγ, σε CD, κασέτα ή να σας επεξηγηθεί στη γλώσσα σας παρακαλούμε επικοινωνήστε μαζί μας στο παρακάτω τηλέφωνο.

Greek

આ દસ્તાવેજ સામેલ થવા વિશે માહિતી આપે છે. જો તમારે કોઈ પણ ભાગની આ માહિતી બ્રેઈલ, સીડી ઉપર, ઑડિયો ટેપ અથવા તમારી પોતાની ભાષામાં સમજી શકો તેની જરૂર હોય તો નીચે જણાવેલ નંબર ઉપર અમારો સંપર્ક કરો.

Gujarati

本文档提供关于参与方面的信息。如果您需要将这些信息的任何部分以大数据印刷形式、盲文形式，或通过 CD、磁带，或以您的本国语言的形式提供给您，请通过以下号码与我们联系。

Chinese



# Join the Customer Panel

Get involved on your terms

Please answer all the questions here. It will help us consult about things that interest you in a way that suits you. The most common way we consult at present is by using surveys and discussion groups but we hope to use different approaches in future.

### 1. How would you like to get involved?

Which of the methods below would you prefer to use to give us your views (please tick as many as apply)

- a By completing and returning short questionnaires sent to you in the post
- b By taking part in interviews over the telephone
- c By taking part in interviews with an interviewer in your home
- d By taking part in focus groups or discussions with other residents and staff
- e By taking part in surveys via email
- f By taking part in surveys via texting
- g By taking part in Regional Residents Meetings – an opportunity to meet staff regularly and find out about local issues and performance
- h By taking part in mystery shopping exercises
- i Other method, please specify

### 2. What are you interested in?

What kind of subjects would you most like to give your views on? (please tick as many as apply)

- a How we deal with anti social behaviour - e.g. noise nuisance, graffiti and harassment
- b Community development - creating a better local environment, skills training for adults
- c Improving Family Mosaic customer care – how we deal with your enquires
- d Equality and diversity issues – ensuring everyone is treated fairly and positively
- e How your estate and communal areas/facilities are managed
- f Lettings, transfers and moving home
- g Low cost home ownership options – helping residents get a foot on the property ladder
- h Rent collection, arrears and service charges
- i Improving the repair and maintenance services
- j Creating more and better oppourtunities for residents to get involved
- k Helping us deal better with complaints and how we learn from them
- l Tenancy issues – e.g. how we deal with unauthorised occupants
- m Developing better resident information – newsletters, leaflets and the web site
- n Other subject (Please specify)
- o Developing oppourtunities for young people

### 3. How can we help you get more involved?

From the list below, which items if any, would enable you to get more involved?

- a Childcare/carers to allow you to be involved
- b More information from Family Mosaic
- c Written information in large print
- d Signer for hearing impaired
- e Wheelchair/disabled access at meeting places
- f Interpreters or help with language
- g Help with transport
- h Flexible or more convenient times for involvement
- i Training for tenants in what Family Mosaic is doing
- j Other help (Please specify)

### 4. About you

We would like to know a little bit about you to help us understand survey findings. For example, when we carry out surveys it helps to see whether young people have different views about our services to older people. This, in turn, helps us to develop the right services for you depending on your circumstances. This information is treated as confidence and is not passed to anyone else .

Please note that when we carry out postal surveys your name and address details are always held separately from your responses.

Are you ? Male  1 Female  2

To which of these groups do you consider you belong?

- |                               |                            |                               |                             |                                 |                             |
|-------------------------------|----------------------------|-------------------------------|-----------------------------|---------------------------------|-----------------------------|
| <b>White</b>                  |                            | <b>Mixed</b>                  |                             | <b>Chinese or other ethnic</b>  |                             |
| British                       | <input type="checkbox"/> 1 | White and Black Caribbean     | <input type="checkbox"/> 8  | Chinese                         | <input type="checkbox"/> 15 |
| Irish                         | <input type="checkbox"/> 2 | White and Asian               | <input type="checkbox"/> 9  | Other                           | <input type="checkbox"/> 16 |
| Any other white background    | <input type="checkbox"/> 3 | White and Black African       | <input type="checkbox"/> 10 | <b>Other</b>                    |                             |
|                               |                            | Any other mixed background    | <input type="checkbox"/> 11 | Gypsy, Romany, Irish Travellers | <input type="checkbox"/> 18 |
| <b>Asian or Asian British</b> |                            | <b>Black or black British</b> |                             | Refused                         | <input type="checkbox"/> 17 |
| Indian                        | <input type="checkbox"/> 4 | Caribbean                     | <input type="checkbox"/> 12 |                                 |                             |
| Bangladeshi                   | <input type="checkbox"/> 5 | Any other black background    | <input type="checkbox"/> 13 |                                 |                             |
| Pakistani                     | <input type="checkbox"/> 6 | African                       | <input type="checkbox"/> 14 |                                 |                             |
| Any other Asian background    | <input type="checkbox"/> 7 |                               |                             |                                 |                             |

How old are you?

- |             |                            |             |                            |             |                            |
|-------------|----------------------------|-------------|----------------------------|-------------|----------------------------|
| 16-24 years | <input type="checkbox"/> 1 | 45-54 years | <input type="checkbox"/> 4 | 75-84 years | <input type="checkbox"/> 7 |
| 25-34 years | <input type="checkbox"/> 2 | 55-64 years | <input type="checkbox"/> 5 | 85+ years   | <input type="checkbox"/> 8 |
| 35-44 years | <input type="checkbox"/> 3 | 65-74 years | <input type="checkbox"/> 6 |             |                            |

### Do you have difficulty understanding written or spoken English?

yes  1 no  2

If the answer was yes, what language or medium do you require?

- |                      |                             |             |                             |                       |                             |
|----------------------|-----------------------------|-------------|-----------------------------|-----------------------|-----------------------------|
| Amharic              | <input type="checkbox"/> 2  | Hausa       | <input type="checkbox"/> 9  | Tamil                 | <input type="checkbox"/> 16 |
| Arabic               | <input type="checkbox"/> 3  | Hindi       | <input type="checkbox"/> 10 | Twi                   | <input type="checkbox"/> 17 |
| Bengali/Sylheti      | <input type="checkbox"/> 4  | Ibo         | <input type="checkbox"/> 11 | Turkish               | <input type="checkbox"/> 18 |
| Chinese              | <input type="checkbox"/> 5  | Italian     | <input type="checkbox"/> 12 | Urdu                  | <input type="checkbox"/> 19 |
| French               | <input type="checkbox"/> 6  | Punjabi     | <input type="checkbox"/> 13 | Vietnamese            | <input type="checkbox"/> 20 |
| Gujarati             | <input type="checkbox"/> 7  | Serbo-Croat | <input type="checkbox"/> 14 | Yoruba                | <input type="checkbox"/> 21 |
| Greek                | <input type="checkbox"/> 8  | Spanish     | <input type="checkbox"/> 15 | Britsih Sign Language | <input type="checkbox"/> 34 |
| Audio CD or cassette | <input type="checkbox"/> 35 | Braille     | <input type="checkbox"/> 36 | Large Print           | <input type="checkbox"/> 37 |

Other please state

How would you describe your household?

- |  |                            |   |                            |                         |                            |
|--|----------------------------|---|----------------------------|-------------------------|----------------------------|
| One adult living alone                         | <input type="checkbox"/> 1 | Two adults living together, no children         | <input type="checkbox"/> 2 | Other type of household | <input type="checkbox"/> 3 |
| One parent family, at least one child under 16 | <input type="checkbox"/> 4 | Two parent family , at least one child under 16 | <input type="checkbox"/> 5 |                         |                            |

Do you consider yourself to be disabled?

yes  1 no  2

If yes please tell us about anything we can do to help you take part in surveys and discussion groups

Please turn over to complete and sign the declaration



What is your work status?

- |  |                            |   |                            |   |                            |
|--|----------------------------|---|----------------------------|---|----------------------------|
| Full time work (30 hours or more per week)                 | <input type="checkbox"/> 1 | Part-time work less than 30 hours per week) | <input type="checkbox"/> 2 | Government training / New Deal training | <input type="checkbox"/> 3 |
| Job Seeker   | <input type="checkbox"/> 4 | Retired                                     | <input type="checkbox"/> 5 | Full-time student                       | <input type="checkbox"/> 6 |
| Unable to work because of long term sickness or disability | <input type="checkbox"/> 7 |   |                            |   |                            |