

# Residents' Panel Registration Form



Please complete this form to sign up for the TMO Residents' Panel.

If you need assistance completing this form, please contact the Residents' Involvement Team on 020 7605 6500.

Please send the completed form to Residents' Involvement, Kensington and Chelsea TMO, Charles House, 375 Kensington High Street, London W14 8QH.

**Name:**

**Address:**

**Contact telephone numbers**

Home:
Mobile:
Work:

**Email address:**

**How would you prefer to be contacted?**

By phone	<input type="checkbox"/>
By email	<input type="checkbox"/>
By post	<input type="checkbox"/>

**Do you have access to the Internet?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

**I am prepared to participate in the following activities:**  
*(Please tick all that you are willing to be considered for)*

Mystery Shopping the TMO	<input type="checkbox"/>
Policy Forum	<input type="checkbox"/>
Focus Groups	<input type="checkbox"/>
Visits to other organisations	<input type="checkbox"/>
Surveys and questionnaires	<input type="checkbox"/>
Allocation user group	<input type="checkbox"/>
Voids (empty homes) user group	<input type="checkbox"/>

**I have an interest in the following areas:**  
*(Please tick those that you are willing to discuss)*

Policies and procedure	<input type="checkbox"/>	Managing the homes and estates	<input type="checkbox"/>
Allocations and letting	<input type="checkbox"/>	Managing the tenancies	<input type="checkbox"/>
Empty Homes	<input type="checkbox"/>	Customer services, communications	<input type="checkbox"/>
Rent and service charges	<input type="checkbox"/>	Residents' involvement	<input type="checkbox"/>
Home ownership	<input type="checkbox"/>	Repairs, maintenance and improvements	<input type="checkbox"/>
Younger people	<input type="checkbox"/>	Quality and inspecting the services	<input type="checkbox"/>
Older people	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other, please specify

**Do you have any special requirements?**

Yes

No

**If, yes, please give us further details**

Large print	<input type="checkbox"/>
Audio tape	<input type="checkbox"/>
Translation (please state which language)	<input type="checkbox"/>
Special dietary requirements (for events where food provided)	<input type="checkbox"/>
Need help with reading and writing	<input type="checkbox"/>
Disability or difficulty with mobility	<input type="checkbox"/>
Other. Please tell us what.	<input type="checkbox"/>

**Are you able / willing to travel to events?**

Yes – in the Royal Borough only

Yes - anywhere in London

Yes - but need assistance

No

## About you

We wish to make sure that each time we ask our residents' panel for opinions we include a wide range of our residents in the activity. The following information will help us to achieve this.

The categories of racial origin and religion reflect those chosen by the Office for National Statistics for the 2001 UK population Census with added categories based upon local census data.

**Date of Birth :**

### Gender identity

Female   
 Male   
 Transgender   
 Prefer not to say

### Sexual Orientation

Bisexual   
 Gay   
 Heterosexual   
 Lesbian   
 Other

### Property type

Flat   
 House   
 Estate   
 Street Property   
 Tower Block   
 Other

### Are you a tenant or a leaseholder?

Tenant   
 Leaseholder

### Religious Belief

Christian   
 Muslim   
 Jewish   
 Buddhist

Hindu   
 Sikh   
 No religion   
 Other religion

If other, please specify

## Racial Origin

I would describe myself as (please tick the appropriate box):

<b>White</b>		<b>Asian or Asian British</b>	
1 British	<input type="checkbox"/>	1 African Indian	<input type="checkbox"/>
2 Irish	<input type="checkbox"/>	2 Indian	<input type="checkbox"/>
3 Other European	<input type="checkbox"/>	3 Pakistani	<input type="checkbox"/>
4 Any other White background	<input type="checkbox"/>	4 Bangladeshi	<input type="checkbox"/>
		5 Any other Asian background	<input type="checkbox"/>
<b>Mixed</b>			
1 White and Black Caribbean	<input type="checkbox"/>	Any other group	<input type="checkbox"/>
2 White and Black African	<input type="checkbox"/>	1 Moroccan Arab	<input type="checkbox"/>
3 White and Asian	<input type="checkbox"/>	2 Other Arab	<input type="checkbox"/>
4 Any other mixed background	<input type="checkbox"/>	3 Chinese	<input type="checkbox"/>
		4 Filipino	<input type="checkbox"/>
<b>Black or Black British</b>		5 Somalian	
1 Caribbean	<input type="checkbox"/>	6 Any other ethnic background	<input type="checkbox"/>
2 African	<input type="checkbox"/>		
3 Any other Black background	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

## Disability

The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.”

Do you consider yourself to have a disability?

Yes  
No

  


If yes, please  
specify

**Thank you**

I have read the code of conduct for the Kensington and Chelsea TMO Residents' Panel and I agree to abide by it during my membership of the Panel. If, at any time I no longer wish to remain a member I will inform the TMO.

Signed

Date