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**Quarterly temporary exclusion returns**

**Please return via email to: temporaryexclusions@swansea.gov.uk.**

|  |  |
| --- | --- |
| **Landlord/support provider details** | **Please insert below** |
| Name |  |
| Address |  |
| Contact details – tel and email |  |

|  |  |
| --- | --- |
| **Quarter/dates** |  |
| Number of repeat extensions requested |  |
| **Reasons:** |  |
| Number of ‘Using violence against any person in the dwelling’. |  |
| Number of ‘Doing something in the dwelling which creates a risk of significant harm to any person’. |  |
| Number of ’Behaving in a way which seriously impedes the ability of another resident of supported accommodation, to benefit from the support provided in connection with that accommodation.’ |  |

**Equality and diversity characteristics**

|  |  |
| --- | --- |
| **Characteristic** | **Quarterly total** |
| **Gender** |  |
| Male |  |
| Female |  |

|  |  |
| --- | --- |
| **Is gender same as assigned at birth?** |  |
| Yes |  |
| No  |  |

|  |  |
| --- | --- |
| **Ethnicity** |  |
| White |  |
| Asian or Asian British |  |
| Black or Black British |  |
| Mixed |  |
| Arab |  |
| Other ethnic group ( please write in at end) |  |
| Others – please write in and number |  |

|  |  |
| --- | --- |
| **Nationality** |  |
| British |  |
| Welsh |  |
| English |  |
| Irish |  |
| Scottish |  |
| Other British (please write in at end) |  |
| Non British (please write in at end) |  |
| Refugee/Asylum Seeker (please write in current/last nationality at end) |  |
| Others – please write in and number |  |

|  |  |
| --- | --- |
| **Age** |  |
| Under 16 |  |
| 16 - 25 |  |
| 26 - 35 |  |
| 36 - 45 |  |
| 46 - 55 |  |
| 56 - 65 |  |
| 66 - 75 |  |
| 76 - 85 |  |
| Over 85 |  |

|  |  |
| --- | --- |
| **Married or in civil partnership?** |  |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| **Pregnant or on maternity leave?** |  |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| **What is your sexual orientation** |  |
| Bisexual |  |
| Gay/ Lesbian |  |
| Heterosexual |  |

|  |  |
| --- | --- |
| **Do you have any physical or mental conditions or illnesses lasting or expecting to last 12 months or more?** |  |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| **What is your religion?** |  |
| No religion |  |
| Christian (all denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh  |  |
| Any other religion or philosophical belief (please write in and number) |  |