



Application form

The information on this form is confidential. Please read and complete all parts of this form.

Please complete this form and e-mail it as an attachment to Fuseboardmembers2016@Wrekinhousingtrust.org.uk by 12.00pm on Tuesday 29th March 2016.

1 PERSONAL DETAILS (Block capitals please if printing and returning by post)

Surname/Family name	Initials
Home Address	Address for correspondence (if different)
Post Code	Post Code
Telephone number	Telephone number

2 RELEVANT EXPERIENCE

Please give details here of any previous experience which you feel is relevant to being a member of the Board.

Experience	Dates		Further Details
	From	To	

3 OTHER MEMBERSHIPS

Are you a member or representative on any other voluntary or statutory management or advisory committee? If yes please give details, or no please enter N/A below,

Name	Date		Further Details
	From	To	

4 COMMERCIAL INTERESTS

Do you have any commercial or other interests? If yes, please give details or if no, state N/A below

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5 SUPPORTING STATEMENT

Please supply a short supporting statement setting out why you feel your experience would be useful in your application, including your reasons for applying for the post.

6 REFERENCES

Please give details of two referees whom we may ask about your suitability for the post.

References will normally only be taken up if you are selected for interview. Referees must not be related to you.

1. Name

Address

Telephone number

Occupation

Do we have your authority to contact this person?

Yes

No

2. Name

Address

Telephone number

Occupation

Do we have the authority to contact this person?

Yes

No

7 DISABILITY

In order to make positive changes, we are addressing the different barriers faced by disabled people. Many people who do not consider themselves to be disabled may be covered by the Disability Discrimination Act 1995 (DDA) because they have a health condition that has an impact on their lives.

Do you have a physical or mental impairment or long-term health condition? Is this expected to last, or has it lasted, for a year or longer? Does this make it difficult for you to do the things that most people do on a fairly regular and frequent basis? If so, you may have rights under the Disability Discrimination Act.

Employees with a disability or health condition are entitled in law to 'reasonable adjustments' to address their support needs in the workplace. Therefore we are interested in any disability or health condition that may require a reasonable adjustment in order to overcome any such barriers.

Taking the above information into account, do you consider yourself to be disabled?

Yes No

If 'Yes' what is the nature of your disability or health condition?

Do you require any adjustments in order to attend interview or to overcome specific barriers in the workplace?

EQUAL OPPORTUNITIES MONITORING

The Wrekin Housing Trust and all partnership organisations are committed to providing equality of opportunity for all, and opposes all forms of unlawful or unfair discrimination on the grounds of sex, race, nationality, ethnic origin, marital status, age, sexuality, religious belief or disability. In order to ensure the effectiveness of our policy and to meet legal requirements, we monitor the numbers of staff in post and the numbers of applicants for employment.

All information is confidential. This form will be separated from your application before consideration of candidates takes place and will not be available to those involved in the selection process. The data will be stored confidentially and for the production of de-personalised statistics. If you prefer not to, you are not obliged to answer any of the questions.

Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Sexuality	Heterosexual <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Gay Man <input type="checkbox"/> Gay Woman/ Lesbian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

Age (Please tick relevant box)	
16 - 18	<input type="checkbox"/>
19 - 30	<input type="checkbox"/>
31 - 40	<input type="checkbox"/>
41 - 50	<input type="checkbox"/>
51 -65	<input type="checkbox"/>
Over 65	<input type="checkbox"/>

Ethnic origin: Tick one box from the section below to indicate your ethnic group. The categories are as recommended by the Commission for Racial Equality.	
White	
British <input type="checkbox"/>	Irish <input type="checkbox"/>
Any other white background <input type="checkbox"/>	Please provide details:

Mixed

White and Black Caribbean White and Black African White and Asian

Any other mixed background Please provide details:

Asian, Asian British

Indian Pakistani Bangladeshi

Any other Asian background Please provide details:

Black, Black British

Caribbean African

Any other Black background Please provide details:

Chinese, Chinese British or other ethnic group

Chinese

Any other ethnic background Please provide details:

Religion

Christian (all denominations)

Muslim Hindu Sikh Jewish

Buddhist None Other Please indicate:

Prefer not to say

Please state your nationality