

Shoreline Housing Partnership Limited Independent Board Member Post



APPLICATION FORM

1. Contact Details

Your title: (please tick one box only)

Mr Mrs Miss Ms Other

Your name:

Your address and postcode:

.....

.....

Your telephone number:

Your mobile phone number:

Your work phone number:

Your email address:

2. Are you a Shoreline tenant or leaseholder?: (please tick one box only)

Yes
 No

3. Experience and Qualifications

(please tick each item as applicable and add relevant comments alongside)

1.	Housing / Estate Management		
2.	Property Management / Maintenance		
3.	Property Development		
4.	Financial Management / Accountancy *		
5.	Private Finance / Banking *		
6.	Public Sector Housing		

7.	Legal		
8.	Special Needs Housing		
9.	Community Care		
10.	Local Government		
11.	Housing Associations / Tenant Services Authority		
12.	Organisational / Management		
13.	Human Resources		
14.	Strategic Management		
15.	Public Relations		

* Items (d) and (e) – see section below

9 Specific Financial Management Experience

(please tick each item as applicable and add relevant comments alongside)

9	Financial Management		
10	Banking		
11	Accounting / Audit		
12	Housing Finance		
13	Treasure Management		
14	Corporate Finance		
15	Other Financial		
16	Professional Qualification		

10 Please list any relevant training (please use an additional sheet if required)

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11 Previous experience of Housing Association Management (if any)

Association Name:		Association Name:	
Address:		Address:	
Post Code:		Post Code:	
Position Held:		Position Held:	
Date From:		Date From:	
Date To:		Date To:	

12 Professional / Career Background

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13 Reason for Applying

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14 Any Other Information (please use an additional sheet if required)

A large empty rectangular box with a black border, intended for providing additional information.

15 There are a limited number of situations which may prevent you from becoming a member of Shoreline’s Board. Things that could affect your eligibility:

- **Have you been declared bankrupt or insolvent?**

Yes
 No

If yes, please give details:

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.....
.....

- **Have you been disqualified by the courts from being a company director?**

Yes
 No

If yes, please give details:

.....
.....
.....

- **Are you currently suffering from a mental illness and have you been admitted to hospital under the Mental Health Act 1983?**

Yes
 No

- **Are you subject to a court order relating to the illness, or to a court order appointing someone to look after your affairs?**

Yes
 No

If yes, please give details:

.....
.....
.....

- **Are you an employee of North East Lincolnshire Council or Shoreline Housing Partnership or a close relative of such a person?**

Yes
 No

If yes, please give details:

.....
.....
.....

- **Are you an employee, director or senior officer of a company which is, or was controlled by North East Lincolnshire Council in the last four years or a close relative of such a person?**

Yes
 No

If yes, please give details:

.....
.....
.....

- **Are you an employee of an independent business which will provide services to Shoreline Housing Partnership Ltd?**

Yes
 No

If yes, please give details:

.....
.....
.....

This may cause potential conflict of interest as you may be motivated to act to receive extra benefits as employee (e.g. extra work)

- **Are you are the owner of, or a manager in a company that contracts with Shoreline Housing Partnership Ltd?**

Yes
 No

If yes, please give details:

.....
.....
.....

- **Have you been convicted of a serious criminal offence in the past five years, unless that conviction has been "spent" or have you been cautioned or convicted for anti-social behaviour?**

Yes
 No

If yes, please give details:

.....
.....
.....

I acknowledge that the information provided above is correct and I give Shoreline Housing Partnership my authorisation to carry out any relevant checks in relation to my application.

Your signature:

Date:

Please ensure that your application form is returned by the closing date, in the pre-paid envelope to the following address:

Claire Brumfield
Corporate Support Officer
Shoreline Housing Partnership Ltd
Shoreline House
Westgate Park, Charlton Street
Grimsby
North East Lincolnshire
DN31 1SQ



Committed to Equal Opportunities

Please complete this form, which is voluntary and will not be made available to the individuals involved in shortlisting and interviewing for this post.

The information you give will be used by Human Resources to promote equalities and for monitoring and statistical analysis. If you are appointed details may be used from this form to complete your personal records. By completing this form you are giving your consent for this information to be processed.

THIS FORM IS NOT PART OF THE SELECTION PROCESS

Last Name

First Name(s)

Post applied for

Date

Department

Date of Birth

My ethnic origin is:

White

- White British A1
- White Irish A2
- Any other White background A3

Mixed

- White and Black Caribbean B1
- White and Black African B2
- White and Asian B3
- Any other mixed background B4

Asian, or Asian British

- Indian C1
- Pakistani C2
- Bangladeshi C3
- Any other Asian Background C4

Black or Black British

- Caribbean D1
- African D2
- Any other Black background D3

Other ethnic groups

- Chinese E1
- Any other ethnic group E2

Age range: (please tick)

- 16-17 (1)
- 18-24 (2)
- 25-44 (3)
- 45-59 (4)
- 60 & over (5)

Are you:

- Male
- Female
- Single
- Married

Is there anyone dependent on you for Care?
 Yes No

Are you currently employed by Shoreline Housing?
 Yes No

If yes, is this a promotional opportunity?
 Yes No

Do you have a disability/health problem, which affects you in employment? Yes No

If so please give brief details

Have you any special requirements for interview (e.g. sign language, interpreter, wheelchair access):

If you would like additional help with completion of the application form please ring (01472) 572262

Shoreline Housing Partnership guarantees to interview anyone with a disability who meets the minimum criteria for the post.

Where did you see this post advertised?