

Shoreline Housing Partnership Limited



Independent Chair Audit, Risk and Governance Committee

APPLICATION FORM

1. Contact Details

Title: (tick one box only)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other <input type="checkbox"/> (please state)			
Name:				
Address:				
Postcode:				
Telephone Number:				
Mobile Phone number:				
Email Address:				

2. Previous experience of Housing Association Management (if any)

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

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

3. Experience and Qualifications (tick each item as applicable, adding relevant comments)

✓	Topic	Experience and/or Qualification
	Financial Management	
	Banking	
	Accounting/Audit	
	Housing/Corporate Finance	
	Treasury Management	
	Risk Management	

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

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5. Professional / Career Background

6. Reason for Applying and Experience (please use an additional sheet if required)

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?