



Regional Consumer Panel Application Form

Personal Information

Mr/Mrs/Miss/Ms			
First name(s)			
Surname			
Address			
	Postcode		
Home telephone no			
Mobile telephone no			
Work telephone no			
May we contact you at work?	Yes	<input type="checkbox"/>	No
Email Address			

Employment History – If you have not been employed, please tell us about skills and experience you have gained outside the workplace. For example, from your domestic responsibilities, hobbies, volunteering or similar circumstances.

Current or last employer			
Company name			
Company address			
Dates of employment			
Position held			
Responsibilities			

Previous Employment

Starting with the most recent, please give details of previous employment covering the past ten years, including voluntary or temporary employment and periods of unemployment.

From - To	Employer name	Position held & responsibilities

Education and Qualifications

Please give details of educational qualifications and training, including professional qualifications. You will be asked to provide evidence of qualifications gained. Please start with the most recent.

From - To	Full time/ Part time	School/College/University	Subjects Taken	Grades/ Qualifications gained

Please list computer programmes used and level of skill
(beginner, intermediate or advanced)

--

Please list membership of professional bodies and length of membership

--

With reference to the Regional Panel Member Person specification please explain why you feel you are suited to this role, why you wish to become a Regional Panel member and what skills and experience you would bring to the Panel. Please include the skills and experience you have gained outside the workplace. For example, from your domestic responsibilities, hobbies, volunteering or similar circumstances.

Other Information

How did you become aware of this vacancy?			
Are you a tenant of the Group, or do you have a personal relationship with any employee of Board member?	Yes		No
If yes, please give details			

Criminal Convictions

Have you ever been convicted of a criminal offence? Do not include convictions defined as 'spent' by the Rehabilitation of Offenders Act 1974.			
Yes		No	If yes, please give details.

Health Background

Have you taken time off work due to illness or injury in the past 2 years?	Yes		No	
If yes, please specify:	Number of days		Number of occasions	
Do you have a disability or health problem which is relevant to your job application?	Yes		No	
If yes, please specify				

References

Please provide the names and addresses of two referees whom we may approach to provide you with a character reference.

Name		Name	
Title/Occupation		Title/Occupation	
Company		Company	
Address		Address	
Daytime tel no		Daytime tel no	
Email		Email	
Relationship to you		Relationship to you	

EQUALITIES QUESTIONNAIRE

Explain	<i>To help us monitor our services so that we make sure all of our residents have access to them – please could you assist us by answering the following....</i>
----------------	--

Do you have any long-standing illness, disability or infirmity that limits your daily activities in any way?

Yes No

If yes, please provide further information:

Physical Disability

- Have Restricted Mobility
 Use A Wheelchair
 Have Difficulty Walking Up Steps
 Do Not Wish To State

Sensory Impairment

- Visually Impaired
 Hearing Impaired
 Do Not Wish To State

Other (please specify): _____

How would you describe yourself? Please tick against your description

WHITE	BLACK OR BLACK BRITISH	ASIAN OR ASIAN BRITISH	MIXED	CHINESE OR OTHER ETHNIC GROUP
<input type="checkbox"/> UK White <input type="checkbox"/> Irish White <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> Greek <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Kosovan <input type="checkbox"/> Eastern European <input type="checkbox"/> Kurdish Turkish <input type="checkbox"/> Other White	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somalian <input type="checkbox"/> Other Black	<input type="checkbox"/> Sri Lankan <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/> Other Asian	<input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White/Black African <input type="checkbox"/> White Asian <input type="checkbox"/> Other Mixed	<input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi (inc Iraqi Kurdish) <input type="checkbox"/> Iraqi other <input type="checkbox"/> Other

I would prefer not to give details about my ethnic origin.

Do you require:

Language translation

If yes which language?.....

Which age group do you fall into?

18 – 30 31 – 44 45 – 59 60+

Record gender

Male Female

Name	
Address	
Telephone Number	
Email	

Form Completed by:

Date:

Note: The Equalities Questionnaire will be separated from the rest of your application and will not form part of the selection process.

Methods of returning your completed application form

Email to mrobinson@onehousinggroup.co.uk Please contact me if you would prefer an emailable version of this application.

FAX: Fax No. 020 7428 0453 marked for the attention of Mersada Robinson

POST to: Mersada Robinson
Community Investment Officer
One Housing Group
100 Chalk Farm Road
London NW1 8EH

Please mark the envelope Strictly Private & Confidential