**Application form**

**for membership of the Board of**

**Warwickshire Rural Housing Association**

Please return to:

Richard Mugglestone

A green and white logo

Description automatically generatedEmail: [richard.mugglestone@midlandsrural.org.uk](mailto:richard.mugglestone@midlandsrural.org.uk)

Post: Company Secretary

c/o Warwickshire Rural HA

Memorial House

Stenson Road

Coalville

Leicestershire LE67 4JP

Telephone: 0300 1234 009

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| **PRIVATE AND CONFIDENTIAL** | | | | |
|  |  | | |  |
| **Title:** | | **First name(s):** | | |
| **Surname:** | | | | |
| **Home address:**  **Postcode:** | | **Contact numbers:**  **Home:**  **Work:**  **Mobile:**  **Email:** | | |
| **How did you hear about the opportunity to become a member of the WRHA Board?:** | | | | |
| **Work history:** | | | | |
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| **Current and past positions of responsibility in public, private or voluntary sector organisations** | | | | |
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| **Reasons for applying for WRHA Board membership:**  **(Please indicate what qualities and skills you feel would be relevant)** | | | | |
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| **Do you have any personal or business relationships with any person or organisation, which may lead to a potential conflict of interest? (If YES, please provide details)** | | | | |
| Special Note: In accordance with Homes England / Regulator of Social Housing requirements, Associations are unable to award work to the companies or firms of Board members or their close relatives where they have managerial control of those firms. | | | | |
| **References** | | | | |
| **Please give the names, positions, organisations, address and email details, and telephone contact numbers of two referees:** | | | | |
| 1. Address  ……………………………………............  ……………………………………............  ……………………………………............  Email  ……………………………………............  Telephone number:  ……………………………………............ | | | Please indicate whether referees can be approached without your prior permission.  **YES / NO** (delete as appropriate) | |
| 2. Address  ……………………………………............  ……………………………………............  ……………………………………............  Email  ……………………………………............  Telephone number:  ……………………………………............ | | | Please indicate whether referees can be approached without your prior permission.  **YES / NO** (delete as appropriate) | |
| Signature: ………………………………… | | | Date: ……………………………….. | |

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| **Equal Opportunities** |
| **DIVERSITY MONITORING FORM**  ***The Association wishes to ensure that the composition of the Board of Management reflects the communities that it serves.***  ***In order to meet this commitment, we need to ensure that monitoring arrangements are in place and kept up to date. The completion of this form will help us to do this. Thank you.***  **Do you consider yourself to have a disability?**  **YES**  **NO**  **If YES, please state the nature of your disability: ……………………………….**  **………………………………………………………………………………………………..**  **Are there any adjustments that could be made to enable you to carry out your duties as a Board or Committee Member more effectively? If YES, please provide details:**  **………………………………………………………………………………………………..**  **………………………………………………………………………………………………..**  **Ethnic or cultural origin**  **I would describe my ethnic origin as:**  **Asian/Asian British: Bangladeshi**  **Chinese**  **Asian/Asian British: Indian**  **Mixed: White and Black African**  **Asian/Asian British: Other**  **Mixed: White and Black Caribbean**  **Asian/Asian British: Pakistani**  **Mixed: Other**  **Black/Black British: African**  **White: British**  **Black/Black British: Caribbean**  **White: Irish**  **Black/African/Caribbean**  **White: Other**  **Black/Black British: Other**  **Other (Please specify):** |