



Independent Board Member Application Form

Working Together to promote equality of opportunity, celebrate diversity and to eliminate discrimination. GGHT encourages applications from all sections of the community

Position applied for: Independent Board Member

PERSONAL DETAILS

Surname	Title
Forename	
Address	
Postcode	
Date of Birth	
Home telephone	
Work telephone	
Mobile number	
Email address	
Please state where you heard about the vacancy	

General Education:

Please list any qualifications that you have achieved including subjects gained and awarding body

Qualification	Subject	Grade	Awarding Body	Date

Employment History

Please give details of any current or previous experience

Employer/Agency	Dates	Post Held & Responsibilities

If you are a member of any Professional, Institutes or Societies that may be relevant to this application please provide details:

Please complete the table below to rate your level of skill and experience in relation to the following:

level of skills and experience			
Good – A	Reasonable – B	Some – C	Little/None - D
Meaning:			
Good	Understand the area well having had personal experience of it, up to date on current issues and developments and able to take the lead in discussions in the area		
Reasonable	Understand the area and able to contribute to discussions with knowledgeable observations and questions		
Some	Understand generally the area and able to contribute to discussions with common sense observations and questions		
Little/None	Unfamiliar with the area and able to contribute to discussions with questions of clarification		

	A	B	C	D	Comments
A. General Business and Management					
Strategic decision making					
Business planning					
Project management					
Working as an effective team					
Governance					
B. Social Housing					
Housing issues generally					
Needs & aspirations of residents and communities					
Diversity					
Tenant participation					
C. specific Areas					
Legal					
Finance & Accounting					
Management of contracts					
Housing management					
Asset management					

Employment/Human Resources					
Change management					

SUPPORTING INFORMATION

Please explain why you would like to become an Independent Board Member

Please explain what you feel you could contribute to the Board

EQUAL OPPORTUNITIES

To assist us in monitoring the effectiveness of our single equality scheme, please complete all relevant questions on this form by ticking the appropriate box.

This information is completely confidential and will be retained by GGHT for monitoring purposes only. This section will not be passed onto those making the selection decision.

Date of Birth

What is your ethnicity? (✓ the correct box)

White

- British
- Irish
- Other white background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian Background

Black or Black British

- Caribbean
- African
- Other Black Background

Gypsy, Romany or Irish Traveler

Do you class yourself as disabled? (✓ the correct box)

- Yes
- No

If yes, in what way are you disabled? (✓ as many boxes that apply)

- Blind (fully)
- Blind (partially)
- Deaf (fully)
- Deaf (partially)
- Mobility impairment
- Ill Mental health
- Reading/Writing difficulties

Do you use a wheelchair? (✓ the correct box)

Yes

No

If you were successful in the application process, would you require any reasonable adjustments at the interview stage? (✓ the correct box)

Yes

No

What is your Religion or Belief? (✓ the correct box)

Atheist

Buddhist

Christian/Roman Catholic/Orthodox/C of E

Hindu

Jewish

Muslim

Rastafarianism

Sikh

None

Other.....

What is your current Gender? (✓ the correct box)

Male

Female

Marital Status: (✓ the correct box)

Married

Civil Partnership

Single

Widowed

Divorced

Separated

How would you define your sexuality? (✓ the correct box)

Heterosexual (*attracted to the opposite sex*)

Gay (*men attracted to men*)

Lesbian (*women attracted to women*)

Bi-sexual (*attracted to both men & women*)

Prefer not to say

REHABILITATION OF OFFENDERS

Applicants are requested to disclose details of any unspent convictions. Any information provided will be treated confidentially and only used in relation to the post you are applying.

Do you have any unspent criminal convictions, cautions, reprimands or final warning?

(you do not need to include cautions, reprimands which are over 5 years old)

Yes No

Please note:

- ❖ If you answer yes, please provide details of the convictions in a separate sealed envelope marked "Private and Confidential" for the attention of the Governance and Policy Manager.
- ❖ Subsequent discovery that a person appointed has failed to disclose such details may lead to removal from the Board.
- ❖ A Criminal Records Bureau (CRB) check must be completed.

COMPANIES ACT

There are certain people who cannot be or might not be suitable to be members of a Board. Please place your signature against each one of the following declarations and provide extra information where requested.

Declaration	Signature
<p>1. I am not bankrupt and I have not made a voluntary arrangement with creditors.</p> <p>Bankruptcy searches will be carried out against all applicants as a matter of course.</p>	
<p>2. I am not disqualified by the Department of Trade and Industry from being a company director.</p>	
<p>3. I have/have not* been a director of a company which has gone into insolvent liquidation.</p> <p>If you have declared that you have been a director of a company which has gone into insolvent liquidation, please give details on a separate sheet.</p>	
<p>4. I am not disqualified from being a charity trustee</p>	
<p>5. No order has been made in respect of me under the Mental Health Act 1983, neither am I incapable of acting by reason of a mental disorder for which I am admitted to hospital under the Mental Health Act 1983.</p>	
<p>6. I am/am not* a tenant who of Golden Gates Housing Trust</p>	

Declaration	Signature
7. I am/am not* employed by Golden Gates Housing Trust	
8. I am/am not* employed by Warrington Borough Council or Golden Gates Housing Trust	
8. I am not a local authority officer which includes - Councillors of the authority or who have been within the last 4 years - Officers of the local authority (except non-managerial or non-housing staff members) - Directors, managers, secretaries or similar officers or employees of a company under the control of the local authority	
*delete whichever does not apply to you	

Are you related to any Board Member, Manager or employee of the Company? If yes, please provide details and state relationship

Yes No

Details:

I certify that, to the best of my knowledge, all statements contained in this form are correct and I understand that should I conceal any material fact, I will, if engaged be liable for dismissal from the Board.

Signature _____

Date _____

Pease return completed forms to:

Alison Foy Governance and Policy Manager
Golden Gates Housing Trust
PO BOX 1181
Warrington
WA1 9FB

Alison.foy@gght.org.uk

Closing date for applications: Monday 4 July 2011