



FUTURES HOMESCAPE

APPLICATION FORM – SCRUTINY PANEL

Please ensure you read the enclosed documentation before completing this application form.

Title:	Mr/Mrs/Miss/Ms (delete as appropriate)
Surname:	
Forename:	
Address:	
Post Code:	
Tel Nos:	Work
	Home
	Mobile
E-mail address:	

Current or former occupation:	
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Skills and Experience:

Please give examples to show your experience in the following key skills which are required for this role.

Communication

Problem Solving

Team Working

Please give an example of when you have challenged a decision or situation.

What strengths and experiences do you have that you feel are relevant to this role? i.e. attending meetings; involved in community groups; previous work experience and voluntary work.

The values of the Company are as follows:

Making a positive impression, Operating as one organisation, Reaching our potential, Embracing innovation

Please tell us below how these values fit with your own values.

Why do you wish to become a Scrutiny Panel member of Futures Homescape?

Should you wish to add any further information please attach a separate sheet.

You are not eligible to apply if;

1. You are in breach of your tenancy agreement.
2. You are employed by Futures Homescape or other Companies within the Futures Housing Group.
3. You are currently engaged or have been in the last 5 years in legal action against Futures Homescape or Futures Homescape is taking or has taken in the last 5 years legal action against you.

Upon receiving your application we will check your eligibility.

Please sign below to confirm you are committed to the Values of the company and that the information you have provided is a true and accurate record.

Signed: _____

Date: _____

Please return this application, along with the equalities monitoring form by Friday 27th August 2010 in the pre-paid envelope provided.

Equality Monitoring Form

The following questions are for monitoring purposes only, (please tick as applicable): Failure to complete will not affect your application.

Gender: Male Female Bi-sexual

Your Age Range: 0-16 17-24 25-44 45-64 65+

Disability: Do you consider yourself to have a disability or long term health problem? If so, please indicate which of the following applies best to your disability or health problem in the relevant box below:-

Physical Disability	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Mental Health Disability	<input type="checkbox"/>	None	<input type="checkbox"/>

What is the effect or impact of your disability or health condition?

Ethnicity:

White: British	<input type="checkbox"/>	Asian/Asian British: Indian	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	Asian/Asian British: Pakistani	<input type="checkbox"/>
White: Other	<input type="checkbox"/>	Asian/Asian British: Bangladeshi	<input type="checkbox"/>
Mixed: White & Black Caribbean	<input type="checkbox"/>	Asian/Asian British: Other	<input type="checkbox"/>
Mixed: White & Black African	<input type="checkbox"/>	Black/Black British: African	<input type="checkbox"/>
Mixed: White & Asian	<input type="checkbox"/>	Black/Black British: Caribbean	<input type="checkbox"/>
Mixed: Other	<input type="checkbox"/>	Black/Black British: Other	<input type="checkbox"/>
Chinese or Other Ethnic Group	<input type="checkbox"/>	Unknown/Prefer Not to Say	<input type="checkbox"/>

Signed:..... Dated:.....

Print Name:.....

This form will be separated from the application form before short listing.