



**FUTURES HOUSING GROUP**

**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 Housing Group?**

**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 Housing Group.
3. You are currently engaged or have been in the last 5 years in legal action against Futures Housing Group or Futures Housing Group 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 to:

Futures Housing Group  
Asher House,  
Asher Lane Business Park,  
Ripley, Derbyshire  
DE5 3SW

**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?

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**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.**