**Application Form**

**COMPLETING THIS APPLICATION FORM**

If you need assistance in completing this form, or require it in any other format such as large print or Braille, please contact the Customer Hub on 0300 777 7777. If your application is accepted we will contact you to arrange a discussion with the QIP steering group.

**YOUR DETAILS**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **In the space below** (you can continue on a separate sheet) **Please tell us in your own words:**   * **Why would you like to be a QIP member?** * **What qualities do you feel you can bring to the role?** |

DECLARATION OF INTEREST

**Declaration** **Please Sign Below**

|  |  |
| --- | --- |
| I am not a member of the Board of Trafford Housing Trust or any other housing organisation, business partner or potential business partner of Trafford Housing Trust |  |
| I have not been subject to county court judgement in favour of Trafford Housing Trust or a Notice of Seeking Possession (NOSP) |  |
| I have not been excluded from past activities with Trafford Housing Trust due to my behaviour. |  |
| I am able to commit to attending QIP regular meetings and taking part in necessary training |  |

**Please read the following statements carefully and sign and date this form.**

* I have read and understand the details included within this application form.
* If appointed I am prepared to comply with QIP Code of Conduct and to act in good faith and in the interest of the panel.
* I understand that if the QIP reasonably believes that the behaviour of one of its members brings the panel into disrepute, action may be taken to remove or exclude that person from the panel.
* I understand that QIP members are volunteers and are not entitled to receive payments (other than properly incurred expenses)
* I declare that all the information provided on this application form is correct and that if appointed I will be liable to action which could include my removal from the QIP should I knowingly give false information.

I acknowledge that Trafford Housing Trust will conduct any searches and checks necessary to verify this information. I understand that if I don't want these checks to go ahead my application will not be progressed

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed form to:

**Trafford Housing Trust**

**Mark Karlisle Project Officer**

**Sale Point**

**126-150 Washway Road**

**Sale**

**M33 6AG**

**EQUAL OPPORTUNITIES FORM**

Trafford Housing Trust is strongly committed to equality and diversity and is working to ensure we recruit from as diverse a group of customers as possible whilst delivering a fair and open process.

To help us ensure we are achieving this aim, the Trust undertakes monitoring of applications and candidates are asked to record below how they would describe themselves. This information will only be used to help ensure that we are meeting our diversity and equality aims.

The information you provide here will be treated with strictest confidence and will only be used for statistical processing. You as an individual will not be identified as part of the process.