**APPLICATION FORM**

The purpose of this application is to help assess applicants’ capacity to carry out the responsibilities of being a Residents’ Panel Member as well as identify training and development needs of members.

You are asked to assess your own level of skill against each of the competences described below, where 5 means an excellent and consistently high level of contribution and 1 means that this is an area where you need substantially more confidence, knowledge or experience.

**CLOSING DATE: Monday 24th July 2017**

**Informal interviews:**

Please send completed applications to:

Tower Hamlets Homes

Scrutiny & Resident Feedback Team

Jack Dash House

2 Lawn House Close

London E14 9YQ

Or via email to: residentengagement@thh.org.uk

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| --- |
| NAME:  |
| ADDRESS: |
| CONTACT NUMBERSMobile: | Home:  | Work: |
| EMAIL ADDRESS: Tenant Leaseholder |
| Please select whether you are a Tower Hamlets Homes:   Tenant Leaseholder |
| Are you a Tower Hamlets Homes/Tower Hamlets Council employee?  Yes NoIf so, what is your job title? |
| Are you related to a Tower Hamlets Councillor/Tower Hamlets employee or a Tower Hamlets Homes employee? Yes NoIf so who?  |

Please rate where you think you are against each area, i.e., 5-1 and provide some details in each section with at least one example of your skill or experience in this area:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5Excellent performance | 4Fully competent | 3Competent | 2Some developmentneeded | 1Substantialdevelopmentrequired |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Committee / meeting skills
 | 5 | 4 | 3 | 2 | 1 |
|  |
| 1. Leadership and motivation
 | 5 | 4 | 3 | 2 | 1 |
|  |
| 1. Own specialist knowledge if appropriate

e.g. financial, IT, housing  | 5 | 4 | 3 | 2 | 1 |
|  |
| 1. Analysing and scrutinising
 | 5 | 4 | 3 | 2 | 1 |
|  |
| 1. Team working
 | 5 | 4 | 3 | 2 | 1 |
|  |
| 1. Group decision making
 | 5 | 4 | 3 | 2 | 1 |
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**Statement of compliance**

I have read and understood the information and requirements to be a Residents Panel member.

**Full name (block capitals):**

**Signed:**

**Date:**

**Consent**

In order for us to conduct the necessary checks to ensure that you qualify to be on the Residents Panel, we ask that you confirm the following:

I have read the information provided to applicants for the Residents Panel and I hereby give my consent to the Tower Hamlets Homes to conduct the necessary internal and external checks to determine the following:

1. As a tenant or leaseholder I have not been subject of:
	1. An order for possession (whether or not suspended); or
	2. An order for forfeiture of a lease; or
	3. Judgement for non-payments of service charges.
2. That I am a Tower Hamlets Homes tenant or leaseholder.
3. I am not in rent or service charge arrears.
4. That I have not had an Anti-Social Behaviour Order or Injunction made against me.

**Full name (block capitals):**

**Signed:**

**Date:**

**DECLARATION OF INTERESTS**

Please complete this form and return it with your application form. Please write ‘none’ in answer to any question where you have no interest to register.

**SECTION 1 – EMPLOYMENT, OFFICE, OR PROFESSION**

* 1. Name of Employer and/or any business carried on by you

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|  |

* 1. Description of employment or business activity

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**SECTION 2 – CONTRACTS WITH Tower Hamlets Homes OR TOWER HAMLETS COUNCIL**

2.1 List and describe all contracts for goods, services or works with Tower Hamlets Homes or Tower Hamlets Council and:

1. Yourself, or a close relative; or
2. A firm in which you are a partner; or
3. A company of which you are a paid director;
4. A company in which you have shares that you have registered in Section 3.1 above.

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Signed: ...........................................................................................

Date: .............................................................................................