

Become an Independent Shareholding Member of CHP

If you are forward thinking, enthusiastic and are keen to make a positive contribution to CHP then you would be an ideal candidate to become a shareholding member.

Please complete the appropriate section for individuals or organisations:

Individuals

Title:	_____	Surname:	_____
First name:	_____	Home tel:	_____
Address:	_____	Mobile tel:	_____
Postcode:	_____	Email:	_____

Organisations

I am applying on behalf of:	_____	Senior person in organisation to contact regarding CHP independent shareholding membership:	_____
Company/organisation/group address:	_____	Tel No:	_____
	_____	Email:	_____
Postcode:	_____		

CHP is looking for people who are able to tick all the following boxes:

- I have not been convicted of a criminal offence against CHP, a tenant or CHP staff
- I am over 18 years old
- I am not employed as a manager or in housing at Chelmsford Borough Council
- I am not a Borough Councillor, nor have I been within the last four years
- I am not a director, manager or company secretary of a company under the control of the Borough Council
- I am not a tenant or leaseholder of CHP
- I am not employed by CHP, nor have I been within the last 12 months
- I do not have any relatives who are employed by CHP
- I understand that no funds will be allocated to members of CHP and financial responsibility will be limited to £1

Please tell us why you would like to be a shareholding member by completing the sentence below, you may wish to continue on a separate sheet and attach it to this form:

I am interested in becoming a shareholding member because:

The following may help you:

- Do you have a long-term interest in support for CHP?
- Do you have the appropriate skills, knowledge, experience and availability to make a significant contribution to CHP?
- Can you help improve the representation of local communities within CHP's shareholding membership?
- Will you contribute to our aims of achieving diversity within CHP's shareholding membership?

We want to make sure that our shareholding members do not have a conflict of interest. Therefore if you have a relationship with someone employed at CHP or employed with a competing organisation please complete the section below.

I may have a conflict of interest because:

Signed: _____ Date: _____

Applications will be considered by a committee of CHP

Please return the completed form to:

Bobbie Charlick, Assistant Company Secretary,
CHP, Myriad House, 23 Springfield Lyons Approach, Chelmsford, Essex, CM2 5LB

Equal Opportunities Information

To help us monitor our Equal Opportunities policy and the effectiveness of our recruitment practices we would like you to answer the following questions. Please be assured that this information will be treated confidentially and will purely be used for monitoring purposes.

1. Where did you see this advertised?

2. To which of the following groups do you consider you belong?

White

- British
 - Irish
 - German
 - Polish
 - Turkish
 - Other (please specify)
-

Mixed

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Other (please specify)
-

Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Other (please specify)
-

Black or Black British

- Black Caribbean
 - Black African
 - Other (please specify)
-

Gypsy / Traveller

- Romany Gypsy
 - Irish Traveller
 - Other (please specify)
-

Prefer not to say

3. Is English your first language?

- Yes
- No

If no, what is your first language? _____

4. Gender

- Male
- Female
- Transgender
- Prefer not to say

5. Marital Status

- Married
- Single
- Other (please specify) _____

6. Sexuality

- Hetrosexual
- Gay Man
- Gay Woman
- Bisexual
- Prefer not to say

7. Age

- Under 16
- 16-34
- 35-54
- 55-64
- 65 and over
- Prefer not to say

8. Religion

- Buddhist Christian (all denominations)
- Christian (all denominations)
- Hindu
- Jewish
- Other (please specify) _____
- Muslim
- Sikh
- None
- Prefer not to say

9. Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995?

- Yes (if yes, please state nature of disability)
 - No
 - Physical
 - Learning
 - Hearing
 - Sight
 - Speech
 - Mental Health
 - Prefer not to say
 - Other (please describe)
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