

**ADDITIONAL INFORMATION FOR MEMBERSHIP OF EKAYA’S BOARD**

**Please use black/blue ink or type when completing this form and print clearly. Please submit a supporting statement of no more than two sides A4 and CV, in addition to completing this form.**

Name: ………………………………………………………………………………………..

Date of Birth: ………………………………………………………………………………..

(Required for legal reasons)

Address: ……………………………………………………………………………………..

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Telephone Phone: Home: …………………………………………………

 Work: ………………………………………………….

**1. Please indicate any areas of conflict of interest**

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**2. If you are member of any other Management Committee please state name of the organisation**

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**3. Disability**

 If you have a disability, is there anything we need to know to offer you a fair selection interview and ensure accessibility to meetings e.g. a sign interpreter / tape etc?

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 Are you registered disabled? Yes ❒ No ❒

 If yes, what is your Registration Number: ………………………………………..

**4. Rehabilitation of Offenders Act 1974**

 Membership of the Management Committee is subject to Rehabilitation of Offenders Action 1974 (exceptions) Order 1975. A criminal record will not necessarily exclude you from membership, but under the Act, we must have details. We may also ask your referees to confirm any information you have given us.

 Do you have a criminal record? Yes ❒ No ❒

 If yes, we may want to discuss this at the interview. If you would like, you may give details here or in a sealed envelope with the application form which we will not open unless we invite you to interview.

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**5. Referee**

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| --- |
|  We need a reference from a current or former employer, or the Chair or Vice-Chair or Treasurer of a Committee you have worked for, or a colleague from a relevant organisation where you have worked in a paid or unpaid capacity. **Name**: …………………………………………………………………. **Position**: ………………………………………………………………. **Address**: ………………………………………………………………. ………………………………………………………………………… ………………………………………………………………………… **Telephone Number**: ………………………………………………  May we contact your referee without further reference to you? Yes ❒ No ❒  |

**6. Declaration:**

 **Rule 2: *The objects of the Association shall be to carry on for the benefit for the community the business of providing housing and any associated amenities for persons in necessitous circumstances upon terms appropriate to their means*.**

I hereby apply for membership of EHA, agreeing with its objectives as set out in Rule 2 above.

 I declare that the information given on this form is correct.

 Signature: ………………………………… Date: …………………………….

 The completed application form, together with monitoring form should be returned to ***recruitment@ekaya.co.uk***



**EKAYA BOARD**

**EQUAL OPPORTUNITIES MONITORING**

**Ethnic Origin**

|  |  |
| --- | --- |
| **White** | **Asian or Asian British** |
| British |  | Indian |  |
| Irish |  | Pakistani |  |
| European |  | Bangladeshi |  |
| Other |  | Sri-Lankan |  |
| **Mixed** | Chinese |  |
| Black Caribbean & White |  | Vietnamese |  |
| Black African &White |  | Other |  |
| Asian & White |  | **Black or Black British** |
| Other |  | Caribbean |  |
|  |  | African |  |
|  |  | Other |  |
| **Any other ethnic background** (please specify) |  |

**Age**

 a 18-29 ❒

 b 30-39 ❒

 c 40-49 ❒

 d 50-59 ❒

 e Over 60 ❒

Do you have disability? Please specify…………………………………........…………

……………………………………………………………………………………………….

Are you registered disabled? Yes ❒ No ❒

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

Thank you for completing this form.

**Please return to recruitment@ekaya.co.uk with your application.**