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| **Application Package to Join Committee of Management**  **1.0 Application Form**  **Blue Triangle (Glasgow) Housing Association Ltd is a registered Housing Association and Charity providing support services and accommodation to vulnerable homeless people across nine local authority areas. Information on its activities can be found at** [**www.btha.org.uk**](http://www.btha.org.uk)**.**  **Our mission statement:**  **“Our mission is to assist vulnerable people to achieve better lives”** | | |
| 1. | Name |  |

|  |  |
| --- | --- |
| 2. | Please detail below what experience/skills and values that you have which you could bring to the Committee of Management (this could be voluntary work, past or current employment etc.) |

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3. Please explain why you are interested in joining the Committee of Management of Blue Triangle (Glasgow) Housing Association

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4. We generally require Committee of Management members to also serve on a sub-committee. Please tick your area of interest (if you have one particular one).

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|  |  | Audit, Risk Finance and Resources |  |
|  |  | Quality and Performance |  |

Thank you for completing this form and your interest in Blue Triangle (Glasgow) Housing Association Ltd.

Please email to [kirvine@btha.org.uk](mailto:kirvine@btha.org.uk) by **DECEMBER 15 2020 at 4 pm**

* Completed form
* Current CV

*All applications must be made by email*.

Please let us know where you heard about this vacancy.

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**2.0 Other Information**

(a) Do you consider yourself to have a disability? **Y/N**

*This information is required so that all applicants who have a disability and meet the minimum criteria for this position are offered an interview.*

Please indicate if you have any special requirements for interview:

Please provide the following information that will be used to contact you in the event we want to discuss your application with you (we will **not** use this for any other purpose):

|  |  |
| --- | --- |
| Name |  |
| Address |  |

|  |  |
| --- | --- |
| Contact details: |  |
| Phone (mobile) |  |
| Phone (landline) |  |
| Phone (work) *Please indicate whether it is acceptable to contact you at work* |  |
| e-mail |  |

I confirm that all the details that I have provided are accurate and a true statement of fact. I understand that providing misleading information could result in my Committee of Management membership being terminated.

|  |  |
| --- | --- |
| Name (print) |  |
| Signature |  |
| Date |  |

**3.0 Process**

All applications are considered by the Committee of Management. Decisions as to your suitability are according to:

* Mix of skills and knowledge on Committee of Management
* Mix of skills and knowledge on Sub-Committees
* Values that you bring to the Committee of Management and the organisation as a whole.
* Ability to work with current Committee members and senior staff

The recruitment committee will define a shortlist of applicants and invite those shortlisted for an interview. We will advise applicants who are not shortlisted as soon as possible after the closing date, by e-mail.

If shortlisted, you will be invited to complete and submit an Equal Opportunties Montoring Form (sample attached). ***Please do not submit this form if you have not been shortlisted.***

Candidates will be informed of whether they are successful as soon as possible after the interview.

***Equal opportunities will be afforded applicants and appointments will be made on merit.***

**Any questions related to process should be directed to** [**kirvine@btha.org.uk**](mailto:kirvine@btha.org.uk)

**4.0 Equal Opportunities Monitoring Form – SAMPLE**

The Association is committed to developing positive practices to promote equal opportunities and prohibiting unlawful discrimination. This information is used strictly for monitoring purposes to ensure our equality strategy commitments are being implemented.When used as part of our recruitment process this form is not provided to the selection panel.

Please indicate your response in the box corresponding to the category.

|  |  |
| --- | --- |
| **Ethnic Origin –** please indicate your ethnic origin by ticking the appropriate box | |
| White | |
| * Scottish |  |
| * Other British |  |
| * Irish |  |
| * Gypsy/traveller |  |
| * Polish |  |
| * Any other white background |  |
| * Mixed or multiple ethnic background |  |
| Asian, Asian Scottish or Asian British | |
| * Indian |  |
| * Pakistani |  |
| * Bangladeshi |  |
| * Chinese |  |
| * Any other Asian background |  |
| Black, Black Scottish or Black British | |
| * Caribbean |  |
| * African |  |
| * Any other black background |  |
| Other ethnic background |  |
| * Arab, Arab Scottish or Arab British |  |
| * Any other group |  |
| * Unknown |  |
| **Disability** | |
| Do you consider yourself to have a disability | Yes  No |
| Gender | Male  Female  Prefer not to say  Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Your age at 31 March this year: |  |

**Once completed please e-mail to** [**kirvine@btha.org.uk**](mailto:kirvine@btha.org.uk) **with the subject line marked Confidential.**