Wheatley Group is committed to Equality and Diversity **Declaration of Interest form**







Guidance Notes

- It is essential you complete and return this form with your application form.
- If you do not, your application will not be considered.
- It is important that you realise that any false or misleading information can result in your dismissal without notice.

| Applicant details | | | | | | |
|---------------------|--|----------------------|--|--|--|--|
| Forename(s) | | Surname | | | | |
| Reference number | | Position applied for | | | | |

| Declaration of interest | | | | | |
|---|-----|----|--|--|--|
| Please tick (√) or complete the appropriate box | Yes | No | | | |
| Are you a former Wheatley Group employee, who was employed by Wheatley Group in the last 12 months? ** Please note an employee means that you were given a Wheatley Group contract of employment and NOT that you were working for the group through an agency or consultancy arrangement. | | | | | |
| Either now or in the last 12 months, have any of your friends or relatives been an employee of Wheatley Group? ** A relative is defined as a spouse, cohabitee, parent, grandparent, child, stepchild, grandchild, brother or sister. | | | | | |
| Either now or in the last 12 months, have you or any of your friends or relatives been employed to provide services to Wheatley Group (i.e. contractors, secondments etc)? | | | | | |
| Either now or in the last 12 months, have you or any of your friends or relatives been a Committee or Board Member of Wheatley Group or any of its subsidiaries? | | | | | |
| Either now or in the last 12 months, have you or any of your relatives been a tenant of GHA, Cube, Loretto Housing, Dunedin Canmore, Lowther Homes or a customer of Your Place | | | | | |



















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Continue below...

| If you answered "YES" to any of these questions, please give details below: | | | | | | | |
|--|------|--------|----|--|--|--|--|
| | 1 | 2 | 3 | | | | |
| The person's name: | | | | | | | |
| Their position: | | | | | | | |
| Their committee / location name: | | | | | | | |
| Your relationship to them: | | | | | | | |
| Declaration: By typing or signing my name below, I certify that all the information contained in this form is true and correct to the best of my knowledge. I realise that false information or omissions may lead to dismissal without notice. | | | | | | | |
| Signature | | Date | | | | | |
| | | | | | | | |
| For official use only | | | | | | | |
| Date received | Pass | Initia | ls | | | | |
| | | | | | | | |

















