**Application to Join Pineview Housing Association Management Committee**

**A logo for a housing association

Description automatically generated**

This form should be completed by anyone who is interested in the activities of Pineview Housing Association Ltd (PHA) and who wishes to join the Management Committee. When completing the form, please refer to the description of the responsibilities that apply to Committee Members and information about the skills and knowledge that PHA is particularly looking for at this time.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Address: |  | Place of Birth: |  |
| Postcode: |  | E-mail: |  |
| Telephone: |  | Mobile Tel: |  |

**Current or most recent employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of  Employer | From  Month/Year | To  Month/Year | Position Held and Main Duties |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Past employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of  Previous Employer(s) | From  Month/Year | To  Month/Year | Position Held and Main Duties |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Qualifications, Training and Professional Membership**

|  |  |
| --- | --- |
| Name of Awarding Body | Qualifications, Training, Membership of Professional Institution etc |
|  |  |
|  |  |
|  |  |
|  |  |

**Voluntary Experience**

|  |  |  |
| --- | --- | --- |
| Organisation | Role | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Please describe your experience (if any) of serving on the governing body of another organisation | | |
|  | | |

**Why you are interested in Pineview Housing Association**

|  |
| --- |
| Please describe why you are interested in joining Pineview’s Management Committee: |
|  |

|  |
| --- |
| Please describe how your experience would help you carry out the duties described for Committee Members |
|  |

|  |
| --- |
| Please describe which part of PHA’s work you are especially interested in and why |
|  |

|  |  |
| --- | --- |
| Are you willing and able to attend training on a regular basis? (Please refer to committee role description for more information) | |
| Yes | No |
|  |  |
| Is there anything you would like to highlight here? | |
|  | |

|  |
| --- |
| If you are successful in becoming a member of the Management Committee, what would be you priority during your first year? |
|  |

|  |  |
| --- | --- |
| Are you a share member of PHA? | |
| Yes | No |
|  |  |
| If “yes”, how long have you been a member? | |
|  | |

|  |  |
| --- | --- |
| Are you a PHA tenant or service user? | |
| Yes | No |
|  |  |
| If “yes”, how long have you been a member? | |
|  | |

|  |  |
| --- | --- |
| Are you closely connected[[1]](#footnote-1) to anyone who is already a member of PHA’s Management Committee or to someone who is employed by PHA? | |
| Yes | No |
|  |  |
| If ‘yes’, please give details: | |
|  | |
| Are you involved with any business that provides services or is contracted to PHA? | |
| Yes | No |
|  |  |
| If ‘yes’, please give details: | |
|  | |

|  |  |  |
| --- | --- | --- |
| Please highlight when you would be available for meetings: | | |
| Evenings | Daytime | Either |
|  |  |  |
|  | | |
| Please specify any days of the week or any specific times you would not be available: | | |
|  | | |

|  |
| --- |
| Please detail below anything else you would like to add. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please return your complete application form to [mail@pineview.org.uk](mailto:mail@pineview.org.uk), with the subject heading “Committee of Management Application Form – Private”

If you would like any assistance completing the form please contact Isobel or Joyce at our office 0141 944 3891.

Pineview Housing Association Ltd

5 Rozelle Avenue, Drumchapel, Glasgow G15 7QR

Tel: 0141 944 3891 E-mail: [mail@pineview.org.uk](mailto:mail@pineview.org.uk) Website: <https://www.pineview.org.uk/>

Registered society under the Co-operative and Community Benefit Societies Act 2014 - 2375R(S)

Registered with The Scottish Housing Regulator - HAC231

Registered Scottish Charity - No SCO38237; Property Factors Registration - PF000151

**Closely Connected Table A**

|  |  |
| --- | --- |
| **Group** | **Required Response** |
| **1. Members of your household** | |
| This includes:   * Anyone who normally lives as part of your household (whether related to you or otherwise) * Those who are part of your household but work or study away from home | We expect you to be aware of and declare any relevant actions of all people in your household. You must take steps to identify, declare and manage these. |
| **2. Partner, Relatives and friends** | |
| This includes:   * Your partner (if not part of household) * Your relatives and their partners * Your partner’s close relatives (i.e. parent, child, brother or sister) * Your close friends * Anyone you are dependent upon or who is dependent upon you * Acquaintances (such as neighbours, someone you know socially or business contacts/associates) | Where you have a close connection and are in regular contact with anyone within this group, we expect you to be aware of and declare any relevant actions. Under these circumstances, you must take steps to identify, declare and manage these actions.  Where you do not have a close connection and regular contact with someone in this group, we do not expect you to be aware of or to go to unreasonable lengths to identify any relevant actions. However, if you happen to become aware of relevant actions by such individuals, then these should be declared and managed as soon as possible. |

1. Someone ‘closely connected’ to you includes family members and persons who might reasonably be regarded as similar to family members even where there is no relationship by birth or in law. Please refer to Table A at the end of this Application Form. [↑](#footnote-ref-1)