MEMBERSHIP OF THE MANAGEMENT COMMITTEE APPLICATION FORM

I have read the Information Pack on membership of the Management Committee and now apply for membership.

Full Name (Block Capitals)	Mr Mrs Miss			
	Ms			
Address:				
Postcode:				
Telephone:		Home	Work	Mobile
E-mail Address:				
I confirm that to the best form is correct and comp Signed:	olete.		_	n this application
Date				
EDUCATION (brief det	ails of	qualifications h	neld, if any)	
EMPLOYMENT HISTO	RY (br	ief details of n	ame of employer/po	sitions held)

VOLUNTARY WORK (brief details of any unpaid work carried out)				
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POSITIONS OF PUBLIC RESPONSIBILITY HELD (e.g. Community Council, etc.)				
POSITIONS OF FOBLIC RESPONSIBILITY TILLED (e.g. Community Council, etc.)				
RELEVANT SKILLS, KNOWLEDGE AND EXPERIENCE THAT YOU WILL BRING				
TO THE MANAGEMENT COMMITTEE (please consider the Management Committee				
Member Job Description and Profile carefully)				
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ANY OTHER RELEVANT INFORMATION				

Data Protection

Information from this application will be processed for purposes permitted under the General Data Protection Regulations. Individuals have, on written request, the right to access their personal data held on them.

Information about how your data is used, and the basis for processing your data is provided in Hjaltland Housing Associations committee member privacy notice. The privacy notice is located on our website www.hjaltland.org.uk/info/foi/data-protection but a hardcopy is available on request.

Thank you for completing the form. Please return to:

The Secretary
Hjaltland Housing Association Ltd
6 North ness Business Park
Lerwick
Shetland
ZE1 0LZ

Telephone: 01595 694986

E-mail: mail@hjaltland.org www.Hjaltland.org.uk