

# Expression of Interest

## Your Contact Details

Your Title: Mr / Mrs / Miss / Ms / Dr / Other (please state) \_\_\_\_\_

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## About you

Do you have a direct relationship with a housing association? Yes  No

Please state which housing association(s) \_\_\_\_\_

Please state the nature of your relationship

- |              |                          |            |                          |
|--------------|--------------------------|------------|--------------------------|
| Board Member | <input type="checkbox"/> | Consultant | <input type="checkbox"/> |
| Employee     | <input type="checkbox"/> | Contractor | <input type="checkbox"/> |
| Tenant       | <input type="checkbox"/> |            |                          |

The Trust is allowed to pay the reasonable expenses of Committee members engaged in NIHACT business. Where would you be prepared to attend meetings / site visits? (tick all applicable)

All of NI  Co Down  Co Tyrone

Co Antrim  Co Fermanagh  Belfast

Co Armagh  Co Londonderry  Derry/Londonderry City

## In Support of Your Expression of Interest

Please detail your formal qualifications:

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Please indicate what skills you would bring to the NIHACT Committee:

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Please give details of relevant experience (including any fundraising experience):

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Please give details of any local knowledge / community involvement / familiarity with special client groups you might have.

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Please give details of any other attributes you consider relevant:

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Please give any other relevant information in support of your expression of interest:

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### How did you hear about NIHACT?

- |                            |                          |                  |                          |
|----------------------------|--------------------------|------------------|--------------------------|
| NIHACT information leaflet | <input type="checkbox"/> | Referral         | <input type="checkbox"/> |
| Press / Publication        | <input type="checkbox"/> | NIFHA Conference | <input type="checkbox"/> |
| Website                    | <input type="checkbox"/> |                  |                          |
| Other (please detail)      | _____                    |                  |                          |

### Equal Opportunities Monitoring:

NIHACT wishes to attract *Expressions on Interest* from all parts of Northern Ireland and from every section of society. To help us check whether this has been achieved, please complete, and return (in a separate envelope) the confidential equal opportunities monitoring form with your *Expression of Interest*.

This monitoring information will be treated in the strictest confidence and protected from misuse. It will not be available to anyone making decisions about your Expression of Interest and will be used for monitoring purposes only.

### Declaration:

I declare the foregoing information is accurate

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (in block capitals): \_\_\_\_\_

Please return your completed form to:

NIHACT, 38 Hill Street, Belfast, BT1 2LB.

**Thank you for your interest.**