



Expression of Interest Form

Your Contact Details (please complete in block capitals)

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

First Name(s): _____

Surname: _____

Correspondence _____

Address: _____

Postcode: _____

Telephone (w): _____ Telephone (h): _____

Mobile: _____ Email: _____

- Please tick this box if you **do not want** the above information to appear on the register. In this case NIFHA will inform you of any interest from associations and you can decide whether to allow them to contact you directly.

About you

If you already have a direct relationship with a housing association, please let us know...

Which association(s) _____

What's the nature of your relationship:

Board Member Consultant Tenant
Employee Contractor Other (please state) _____

Your interests

In order to help best match you with an association, would you complete the following section

Are you happy to work with any of our members? (please circle) Yes / No

Is there a particular association(s) or type of association (eg size / special client group) you would like to work with (please state)?

Please tick the area(s) you have particular knowledge of:

Public Relations Property Development Human Resources
Finance Marketing Community Development
Lobbying Housing Management Other (please state) _____

Travel

Associations are allowed to pay reasonable expenses for travel and or care of dependents of Committee members engaged in association business. Please indicate where, or how far from your home, you would be prepared to travel to attend meetings / site visits?

In Support of Your Application

Please detail any formal qualifications:

Please indicate what skills you would bring to this position

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

Please give details of any other attributes you consider relevant:

Please give any other relevant information in support of your application:

How did you hear about this position?

- NIFHA information leaflet Referral from friend or colleague
Newspaper Please say which _____
Magazine Please say which _____
NIFHA's Website
Other (please state) _____

Declaration:

I confirm the information on this form is correct, even if submitted electronically without signature. I also understand the information will be shared with member associations, may be entered onto a computer and under the terms and conditions of the Data Protection Act will be treated in a secure and confidential manner.

Signature: _____

Date: _____

Please return your completed form to:
NIFHA, 6c Citylink Business Park, Albert Street, Belfast, BT12 4HB.

Thank you for your interest.