**APPLICATION FORM FOR MEMBERSHIP**

**OF THE BOARD OF**

**LEICESTERSHIRE RURAL HOUSING ASSOCIATION**

Please return to:

Richard Mugglestone

Email: [richard.mugglestone@midlandsrural.org.uk](mailto:richard.mugglestone@midlandsrural.org.uk)

Post: Company Secretary

c/o Leicestershire Rural HA

Memorial House

Stenson Road

Coalville

Leicestershire LE67 4JP

Telephone: 0300 1234 009

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| **PRIVATE AND CONFIDENTIAL** | | | | |
|  |  | | |  |
| **Title:** | | **First name(s):** | | |
| **Surname:** | | | | |
| **Home address:**  **Postcode:** | | **Contact numbers:**  **Home:**  **Work:**  **Mobile:**  **Email:** | | |
| **Date of birth:** | | | | |
| **How did you hear about the opportunity to become a member of the LRHA Board?:** | | | | |
| **Work history:** | | | | |
|  | | | | |
| **Current and past positions of responsibility in public, private or voluntary sector organisations:** | | | | |
|  | | | | |
| **Reasons for applying for LRHA Board Membership:**  **(Please indicate what qualities and skills you feel would be relevant)** | | | | |
|  | | | | |
| **Do you have any personal or business relationships with any person or organisation, which may lead to a potential conflict of interest? (If YES, please provide details)** | | | | |
| Special Note: In accordance with Homes England / Regulator of Social Housing requirements, Associations are unable to award work to the companies or firms of Board members or their close relatives where they have managerial control of those firms. | | | | |
| **References** | | | | |
| **Please give the names, positions, organisations, address and email details, and telephone contact numbers of two referees:** | | | | |
| 1. Address  ……………………………………............  ……………………………………............  ……………………………………............  Email  ……………………………………............  Tel number  ……………………………………............ | | | Please indicate whether referees can be approached without your prior permission:  **YES / NO** (delete as appropriate) | |
| 2. Address  ……………………………………............  ……………………………………............  ……………………………………............  Email  ……………………………………............  Tel number  ……………………………………............ | | | Please indicate whether referees can be approached without your prior permission:  **YES / NO** (delete as appropriate) | |
| Signature: ………………………………… | | | Date: ……………………………….. | |

**LEICESTERSHIRE RURAL HOUSING ASSOCIATION LTD**

**c/o MIDLANDS RURAL HOUSING**

**MEMORIAL HOUSE**

**STENSON ROAD**

**COALVILLE**

**LEICESTERSHIRE**

**LE67 4JP**

**TELEPHONE: 0300 1234 009**

**EMAIL:** [**enquiries@midlandsrural.org.uk**](mailto:enquiries@midlandsrural.org.uk)



**Leicestershire Rural Housing Association Ltd is registered under the Co-operative and**

**Community Benefit Society with Charitable Rules IP29402R**