

# Resident Involvement

## Board Application



If you would like to join the Resident Involvement Board, please complete and return the form below:

Please tick the topic areas that you are interesting in helping us to improve:			
<u>Area of Interest</u>	<u>Please tick</u>	<u>Area of Interest</u>	<u>Please tick</u>
Day to day repairs	<input type="checkbox"/>	Services for older people	<input type="checkbox"/>
Painting contracts	<input type="checkbox"/>	Services for disabled people	<input type="checkbox"/>
Property improvements	<input type="checkbox"/>	Services for people needing support	<input type="checkbox"/>
Selection, appointment and monitoring of contractors	<input type="checkbox"/>	Race and diversity issues	<input type="checkbox"/>
Estate services	<input type="checkbox"/>	Governance (how the association is run)	<input type="checkbox"/>
Service charges	<input type="checkbox"/>	Information services (newsletters, leaflets etc.)	<input type="checkbox"/>
Improving where I live	<input type="checkbox"/>	Developing our services on the web	<input type="checkbox"/>
Nuisance and Anti-social behaviour policies	<input type="checkbox"/>	Customer care and standards of service	<input type="checkbox"/>
Rents and arrears management	<input type="checkbox"/>	How we let our homes	<input type="checkbox"/>
Managing empty properties	<input type="checkbox"/>	Ways to get involved	<input type="checkbox"/>
Design and specification of new homes	<input type="checkbox"/>	Surveys and resident feedback	<input type="checkbox"/>

<b>Name:</b>				
<b>Address:</b>				
<p>To enable us to ensure that our Resident Involvement Board activities are accessible to all residents who wish to participate, please complete the monitoring information below:</p>				
<b>Gender:</b> (Please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
<b>Age:</b> (Please tick)	16-44 <input type="checkbox"/>	45-64 <input type="checkbox"/>	65+ <input type="checkbox"/>	
<b>Ethnic Origin</b> (Please tick)	White British	<input type="checkbox"/>		
	White Irish	<input type="checkbox"/>		
	White Other	<input type="checkbox"/>		
	Mixed White & Black Caribbean	<input type="checkbox"/>		
	Mixed White & Black African	<input type="checkbox"/>		
	Mixed Other	<input type="checkbox"/>		
	Asian/British Indian	<input type="checkbox"/>		
	Asian/British Pakistani	<input type="checkbox"/>		
	Asian/British Bangladeshi	<input type="checkbox"/>		
	Asian/British Other	<input type="checkbox"/>		
	Black/British Caribbean	<input type="checkbox"/>		
	Black/British African	<input type="checkbox"/>		
	Black/British Other	<input type="checkbox"/>		
	Chinese	<input type="checkbox"/>		
	Other	<input type="checkbox"/>		
Refused	<input type="checkbox"/>			
Unknown	<input type="checkbox"/>			
<b>Do you consider yourself to have a long standing illness, disability or infirmity? (Please tick)</b>			<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
If YES, what is the nature of the illness, disability or infirmity?(Please tick)				
	Dyslexia	<input type="checkbox"/>		
	Visual/Sight impairment	<input type="checkbox"/>		
	Hearing impairment	<input type="checkbox"/>		
	Speech impairment	<input type="checkbox"/>		
	Mental Health difficulties	<input type="checkbox"/>		
	Learning Disability	<input type="checkbox"/>		
	Mobility (Physical disability)	<input type="checkbox"/>		
	Difficulties with reading	<input type="checkbox"/>		
	Difficulties with writing	<input type="checkbox"/>		
	Other (Please state)	<hr/> <hr/> <hr/>		
Please tick below which of the following ways of communication you would like to get involved by:				

<b><u>Option:</u></b>	<b>Please tick</b>	
<b>By telephone</b>	<input type="checkbox"/>	<b><u>Preferred contact number:</u></b>
<b>By email</b>	<input type="checkbox"/>	<b><u>Email address:</u></b>
<b>By post</b>	<input type="checkbox"/>	<i>See address above.</i>
<b>Interacting online</b>	<input type="checkbox"/>	
<b>By attending meetings</b>	<b><u>Please indicate when you are most likely to be available for a meeting:</u></b>	
	<b>Please tick those that apply:</b>	
	<b>Weekday mornings</b>	<input type="checkbox"/>
	<b>Weekday afternoons</b>	<input type="checkbox"/>
	<b>Evenings</b>	<input type="checkbox"/>
	<b>Saturdays</b>	<input type="checkbox"/>