hebridean housing partnership

Membership Application

Before completing this form please study the enclosed Membership Leaflet.

First Name		Surname	
Date of Birth			
Address			
Postcode			
Email			

Are you a tenant of Hebridean Housing Partnership? Yes ☐ No ☐

If not, have you been resident in the Outer Hebrides for at least one year? Yes ☐ No ☐

Please give details of your address history (including dates):

Address		
Address		
Contact Tel No.	Daytime:	Evening:

I have read the aims and objectives of the Partnership and am in full agreement with them I therefore:

enclose cash/cheque/postal order ☐
have made a payment by BACs transfer using the details at the bottom of this form ☐

for £1.00 being my share subscription, and apply for membership.

First Name		Surname	

We would appreciate it if you would take the time to complete the questions overleaf.

When completed please return this form to the Partnership's office:
Hebridean Housing Partnership Ltd, Creed Court, Gleann Seileach Business Park,
Willowglen Road, Stornoway, Isle of Lewis, HS1 2QP

The information you give us on this form will be placed on the Hebridean Housing Partnership's Register of Members in accordance with HHP's Fair Processing Notice which complies with the General Data Protection Regulation (GDPR). A copy of the list of Members can be viewed at the Partnerships Registered office.

If paying your for your share subscription by BACs please use the banking details below.

Account name	**Account number**	**Sort code**
HEBRIDEAN HOUS LTD	00665575	83-27-12

Other Useful Information

1. What would you live to get out of membership of the Partnership?

2. Are you currently employed? If so, perhaps you might like to tell us a little about what you do?

3. It would be of interest to know of any particular abilities you may have that the Partnership might benefit from occasionally in furtherance of its aims.

In addition to our Board, we also have a **Tenant Board Panel**.

I would like to find out more information about our Tenant Board Panel	Yes		No	

Thank you for taking the time to complete this form

HHP is a registered society under the Co-operative and Community Benefit Societies Act 2014, Registered Number: 2644R(S),Registered Office: Creed Court, Gleann Seileach Business Park, Willowglen Road, STORNOWAY, Isle of Lewis HS1 2QP. It is a charity registered in Scotland, Charity Number:SCO35767, registered as Registered Social Landlord with the Scottish Housing Regulator, Registration Number:359 and registered as a Property Factor, Registration Number PF000183

Email: info@hebrideanhousing.co.uk

Web: www.hebrideanhousing.co.uk

Phone: 0300 123 0773

Equal Opportunities

Hebridean Housing Partnership is committed to equal opportunities in employment, regardless of: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race (including colour, nationality ethnic or national origins, and citizenship), religion/belief, sex and sexual orientation.

We would therefore ask you to please complete the following questionnaire to help us ensure that we are reaching all sections of the community, and to check the effectiveness of our recruitment practices. All information will be treated in the strictest confidence, in line with requirement of Data Protection Act 1998, and will not affect your application.

Gender: Female Male Other (please specify) ☐

Disability: Do you consider yourself to have a disability/special needs? Yes ☐ No ☐

If yes, please describe your disability/special needs (e.g visual, speech, hearing). This will help us to facilitate your needs/requirements.

_____

Please indicate any individual requirements/equipment

_____

Ethnic Origin: Please choose ONE section for A to E, then tick the appropriate box to indicate your cultural background.

A. White	**B. Mixed**	**C. Asian or Asian Scottish/British**	**D. Black or Back Scottish.British**	**E. Other Ethnic Group**
☐ English	☐ Any mixed background	☐ Indian	☐ Caribbean	☐ Arab
☐ Scottish		☐ Pakistani	☐ African	☐ Arab Scottish/British
☐ Welsh		☐ Bangladeshi	☐ Other Black	
☐ Irish		☐ Chinese		
☐ Polish		☐ Other Asian		
☐ Gypsy Traveller				
☐ Other White				

☐ Prefer not to say

Any other ethnic group (please state): _____

Religion: I would describe my religious background/belief as: _____

None ☐ Prefer not to say ☐

Sexual Orientation:

☐ Bi-Sexual ☐ Gay/Lesbian ☐ Heterosexual/Straight

☐ Other (Please specify) _____ ☐ Prefer not to say

Age: Please indicate your age group.

16-24		25-34		35-44		45-54		55-64		65+	