**Application to join the Housing Service Panel**

|  |  |
| --- | --- |
| Date reviewed | 31/07/2024 |
| Reviewed By | Performance and Insight Manager |
| Approved by | Tenant Scrutiny Panel |
| Date Approved |  |

Thank you for your interest in the Tenant Scrutiny Panel. To apply please complete this form

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Telephone number**  |  |
| **Mobile Telephone Number** |  |
| **Email Address** |  |

|  |
| --- |
| Are you: *(please tick 1 box only)* |
| 1 | A Mansfield District Council tenant or involved in the Tenant Involvement Structure? | Yes |  | No |  |
| 2 | In serious breach of your tenancy conditions | Yes |  | No |  |
| 3 | Willing to prepare for/attend meetings and training sessions when required? | Yes |  | No |  |
| 4 | Willing to serve a 2 year term? | Yes |  | No |  |
| 5 | Willing to look at district-wide issues and not bring personal concerns to the meetings | Yes |  | No |  |
| 6 | Willing to sign and abide by the code of conduct and code of confidentiality | Yes |  | No |  |
| 7 | Do you want to help improve the services that tenants want and receive? | Yes |  | No |  |
| 8 | Are you willing to learn new skills and meet new challenges? | Yes |  | No |  |
| 9 | Are you respectful of other people’s opinions? | Yes |  | No |  |
| 10 | Are you aware of and committed to equal opportunities and diversity | Yes |  | No |  |

Please state why you wish to apply to become a Tenant Scrutiny Panel member

|  |
| --- |
|  |

Please return your completed form in the envelope provided

If you need help in filling in this form or have any further questions before submitting your application form please contact the:

 **Tenant Engagement Officer directly on 01623 463355**