

# Scrutiny group application form

Please complete the following sections. If you need any help or advice to complete this form please contact the resident involvement team on [residentinvolvement@wkha.org.uk](mailto:residentinvolvement@wkha.org.uk) or 01732 749420.

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| **Personal Details** | |
| Full name |  |
| Address  (if you are a leaseholder please provide the address of your West Kent property and your contact address) |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |

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| **Please tick all that apply** | |
| I am a West Kent tenant |  |
| I am a leaseholder |  |
| I am a shared owner |  |

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| **Connections with West Kent** |
| We use this information to make sure our recruitment and selection process is fair and robust. If you answer ‘yes’ to this question, we may need to vary our recruitment arrangements to ensure we are, and are seen to be, fair and proper in our decisions. |
| Do you have a close connection to a board member, a member of staff or an involved resident of West Kent?  Yes / No (please circle)  If yes, please give details below. |

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| **Tell us why you are interested in being on the scrutiny panel** |
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| **Tell us what skills and experience you have that meet the role of scrutiny group member? (Please use the job role document as a guide)** |
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| **Health Details** |
| We are keen to support applications from all residents. Do you have any disabilities or conditions that would require us to make reasonable adjustments for you to attend meetings or become a member of the scrutiny group?  Yes / No (please circle) |
| If yes please give details below |

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| **Rehabilitation of Offenders Act 1974** |
| West Kent is committed to recruiting professionals from all areas of the community including ex-offenders. Please declare below if you have any "unspent" criminal convictions.  If you are applying for a job which requires an enhanced disclosure and barring service (DBS) check, you must also declare any "spent" convictions or other criminal record. We will only take this into account if we are permitted to do so by law, under the Exception Order to The Rehabilitation of Offenders Act 1974. This will include where the job involves carrying out "regulated activity" either with children or vulnerable adults. If you’re unsure of whether a conviction should be disclosed, please check www.nacro.org.uk.  **Failure to declare a conviction may result in your exclusion from the application process and/or termination of any work if the offence is not declared but later comes to light.** |
| Do you have any unspent criminal convictions? Yes / No (please circle) |
| If yes, please provide details on a separate sheet marked **CONFIDENTIAL** and submit it with this form. |

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| **Declaration** |
| * I confirm that the information given is true and correct. * I understand that this role is conditional upon the accuracy of this information and any false or misleading information, as well as withholding relevant information may lead to my application being disqualified, the withdrawal of an offer to join the group, or, if I’ve been appointed, to my dismissal. * I understand that social media vetting may take place.   Signed Date |

Please return this form to: [residentinvolvement@wkha.org.uk](mailto:residentinvolvement@wkha.org.uk)