

Shareholder Application Form



Mosscare St Vincent's Housing Group Limited (MSV)

I wish to apply for a shareholding of MSV:

Name (in full):	
Address:	
Tel No:	Home:
	Mobile:
Email	

I agree to subscribe to the Rules of MSV Housing Group Limited and enclose the **£1.00** non-returnable subscription fee.

I have been given a copy of the MSV Way and I agree to respect and support the values contained within, I have completed the form below and given an indication of my skills and experience and reasons for wishing to become an MSV shareholder

I have read the Shareholder application pack which includes:

- What does a shareholder do?
- My MSV Corporate Plan
- Rules of MSV
- Latest Annual Reports - online
- Customer Annual Report - online

I have completed and return with my application:

- Ethnic Monitoring form
- Declarations of Interest form

Signed:	Date:
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Applicants are requested to provide the following information:

Date of Birth	
In paid employment/ unpaid employment / retired/ other	
What is/was nature of paid or unpaid employment, or what work have you retired from	
Have you undertaken any voluntary work? If so, what?	
Why would you like to become a shareholder of MSV?	
Are you a tenant of MSV?	
Have you been convicted of an indictable offence within the last five years nor any other offence which could bring the association into disrepute?	

Have you any skills or experience which might help MSV in its work?

Please give your assessment of your own current skills in each area described on the form below, giving examples where you can and awarding yourself an overall “score” for each question.		
1	Good	You understand the topic well having had personal experience of it and you are up to date on current issues and are able to take the lead in discussions.
2	Reasonable	You understand the topic and are able to contribute to discussions and make knowledgeable observations and questions
3	Some	You have a general understanding of the area and are able to contribute to discussions by asking questions
4	Little or none	You are unfamiliar with the topic and need to ask to have things clarified quite a lot when discussing it

Business Area		Business Skill/Competency	Self-Scoring
A.	Corporate/Strategic		
A1.	Political, economic and operating environment	Understanding of the current political and economic operating environment	
		Working in/with social housing sector	
		Policy and Strategy Development (any sector)	
		Regulation and compliance (any sector)	
A2.	Business experience and whole-business issues	Senior executive: business development in similar sector	
		Senior executive: private sector	
		Efficiencies/value for money	
		People and talent, training, equality and diversity	
		IT strategic management	
		Legal services	
		Organisational change management and mergers	
		Strategic performance management	
		Project and programme management - including tendering and procurement	
		Strategic planning and implementation	
A3.	Values - MSV Way	Experience as a tenant - MSV or other	
		Relevant Experience as customer or service user	
		Relevant community-based experience	
B. Area based			
B1.	Customers and Communities	Communities and Neighbourhoods	
		Customer experience	
		Health and Social care	
		Managing other housing tenures	
		Property maintenance and investment	
		Experience of DLS and joint ventures	
		Partnership working (including with voluntary sector)	

Business Area	Business Skill/Competency	Self-scoring
B2. Finance	Budgeting and financial management	
	External and Internal audit	
	Experience of DLS and joint ventures	
	Partnership working (including with voluntary sector)	
	Financial markets (including financing capital projects)	
	Financial reporting standards & accounting policies	
	Social housing finance	
	Continuous business improvement	
	Pension fund trusteeship	
	Treasury management	
	Risk management	
B4. Growth	Housebuilding	
	Housing association development	
	Building design	
	Building cost management and value engineering	
	Standard form contracts and building contracts	
	Planning applications	
	Understanding of ICT architecture including digitalisation and agile working	
B5. Chief Executives	Board/committee membership	
	Governance & probity good practice standards	
	Internal controls and assurance	
	Data Protection and GDPR	
	Tutoring/mentoring students	



Equality Diversity & Inclusion Monitoring Form

MSV aims to have an inclusive environment for all staff by identifying and removing barriers in our practices. Completing this monitoring form will help us achieve this, and also help MSV meet our obligations under the Equality Act 2010.

While it's voluntary to disclose this information, doing so will enable us to better understand the composition of our workforce and examine our practices fully.

How do you describe your gender?	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary <input type="checkbox"/> In another way (please describe): _____ <input type="checkbox"/> Prefer not to say
Do you identify as trans/ transgender?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In another way (please describe): _____ <input type="checkbox"/> Prefer not to say
What pronoun do you use? (the word you'd like us to use for you when not using your name)	<input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> Prefer not to say
How do you describe your sexual orientation?	<input type="checkbox"/> Straight (Heterosexual) <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> In another way (please describe): _____ <input type="checkbox"/> Prefer not to say
How do you describe your religion or belief?	<input type="checkbox"/> No religion or belief <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> Prefer not to say

How do you describe your ethnicity? Tick all that apply.	<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background (please state)
	<input type="checkbox"/> Black or Black British	<input type="checkbox"/> African <input type="checkbox"/> Black (British) Caribbean <input type="checkbox"/> Other Black background (please state)
	<input type="checkbox"/> White	<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy, Roma or Irish Traveller <input type="checkbox"/> Other White background (please state)
	<input type="checkbox"/> Mixed or multiple ethnic groups	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black (British) <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other mixed background (please state)
	<input type="checkbox"/> Other Ethnic Groups	<input type="checkbox"/> Arab <input type="checkbox"/> Other ethnic group (please state)
	<input type="checkbox"/> Prefer not to say	
What is your age?	<input type="checkbox"/> 16 - 24 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say	
Do you have an impairment, mental or physical health condition, or learning difference that has a substantial or long term impact on your ability to carry out day to day activities? (tick all that apply)	<input type="checkbox"/> None known <input type="checkbox"/> A long standing illness or health condition (e.g. diabetes, HIV, epilepsy, chronic heart condition) <input type="checkbox"/> A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder) <input type="checkbox"/> A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches) <input type="checkbox"/> A social/communication impairment or autism spectrum disorder <input type="checkbox"/> A specific learning difficulty (e.g. dyslexia, dyspraxia or	

	<p>AD(H)D</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blind or have a visual impairment uncorrected by glasses <input type="checkbox"/> D/deaf or have a hearing impairment <input type="checkbox"/> An impairment, health condition or learning difference not listed above. (please describe):_____ <input type="checkbox"/> Prefer not to say
<p>Do you have any caring responsibilities? (tick all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Primary carer of a child or children (under 18 years) <input type="checkbox"/> Primary carer of a disabled child or children (under 18 years) <input type="checkbox"/> Primary carer or assistant for a disabled adult (18 years and over) <input type="checkbox"/> Primary carer or assistant for an older person or people (65 years and over) <input type="checkbox"/> Secondary carer (another person carries out main caring role) <input type="checkbox"/> Prefer not to say

Privacy Statement

MSV has a legitimate interest in collecting the personal details on this form so as to ensure an inclusive environment is created for all staff through the identification and removal of barriers in our practices and also to ensure we meet our statutory obligations under the Equality Act 2010. We may also use the information on this form to assess if reasonable adjustments are required to support the performance of the employment contract. By completing this form, you accept these terms and conditions. The information is held for the duration of your employment and for six years post termination. If you believe that your personal data is being processed in any manner which is incompatible with the information provided in this privacy statement, you have a right to lodge a complaint with the UK Information Commissioner's Office or our Data Protection Officer.

NAME

SIGNED

DATED.....