

Tenant and Leaseholder Panel - Self Assessment

Please read the person specification before completing this form, as it lists all the key qualities and experience we feel you will need to participate effectively. The questions / statements in this self assessment are arranged in a similar order to the statements in the person specification.

Please use this form to show which of the required qualities you feel you have by ticking the relevant boxes. Please be as honest as you can when filling in the form. There is a space on the second page which you can use if you wish, to tell us anything about other qualities or experience you feel you can bring to the role. Please also note that if you do not feel you have sufficient experience in a particular area but feel you might benefit from training, you can indicate this in the 'interested in training' column.

A full induction programme and further training will be provided for all successful applicants and ongoing support will be provided from the resident involvement team.

Your Full Name:
Address:
Post code:
Telephone number:
Email address:

Your qualities and experience	Yes	No	Not sure	Interested in training
I am a Croydon council tenant or leaseholder or I pay housing related service charges to Croydon council?				
I understand and am committed to upholding the principles of equalities and diversity				
I can commit the time needed to read background documents in advance and attend quarterly Panel meetings.				
I am committed to improving services for all council residents.				
I am able to make decisions based on facts and not allow personal views to affect my decision making.				
I am able to read and understand different types of complex information.				
I can speak clearly and can explain my own ideas in a way that others can understand.				
I am willing to participate in relevant training sessions as arranged				
I am prepared to familiarise myself with and abide by the constitution and the code of conduct				

Please give an example(s) of where you have verbally explained your ideas clearly with others.

Please explain what you were speaking about, who with and when this was.

Please use this space to give details of any other experience or knowledge you think is relevant to this role:

Please go to the next section to record your Equalities Monitoring information

To assist us with our monitoring and equalities information, please complete the sections below:

Please indicate your age group:

0 – 18 years

19 – 35 years

36 – 65 years

Over 65 years

Please indicate whether any of the following applies:

Learning disability

Physical disability

Mental health issues

Deaf or hard of hearing

Visually impaired

Other, including carers

Please give further details below if you have ticked any of the above

Please indicate your gender:

Male

Female

Transgender

Please indicate your race:

Asian

Black

White

Other such as traveller

Religious/faith groups:

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion/faith

Other

Sexual orientation:

Heterosexual

Lesbian

Gay

Bisexual

Please send your completed form to:

Resident involvement & scrutiny team
Department of adult services, health and housing
3rd Floor, Zone D
Bernard Weatherill House
8 Mint Walk
Croydon, CR0 1EA

Thank you