

Membership type:

Membership No:

Date received:

Application for Membership

Categories:

- Full member** – Housing Authorities, RSLs, LSVTs, and ALMOs in Northern England
- Affiliate member** – as above but in other parts of the UK
- Subscriber member** – all other relevant organisations involved in housing
- Partner member** – works with the Consortium to jointly provide, promote or create products, services or arrangements that benefit the Consortium's members.

Please complete the following where appropriate.

Organisation Name:

Switchboard Telephone number:

Switchboard Fax number:

Address:

Type of Organisation:

LSVT, Almo, RSL, Local Authority, Other (Please specify):

Web site:

Chief Executive/Head of Housing:
 (Please delete as appropriate)

Email address:

Telephone number:

Principal contact (If not as above):

Job title:

Email address:

Telephone number:

PA to Chief Executive/Head of Housing:

Email address:

Telephone number:

Total housing stock (if applicable):

Total number of housing staff employed:

Date of next Audit Commission Inspection:

Please amend / add details where applicable.

Key Contacts

Please specify who in your organisation would be the main contact for the following:

Head of Business/Development

Name of contact:

Job title:

Email address:

Telephone number:

Address (if different from main):

Procurement Services

Name of contact:

Job title:

Email address:

Telephone number:

Address (if different from main):

Housing Policy/Strategy

Name of contact:

Job title:

Email address:

Telephone number:

Address (if different from main):

Housing Research

Name of contact:

Job title:

Email address:

Telephone number:

Address (if different from main):

Supporting People/Supported Housing

Name of contact:

Job title:

Email address:

Telephone number:

Address (if different from main):

Older People Services/Telecare

Name of contact:

Job title:

Email address:

Telephone number:

Address (if different from main):

Finance Department

Name of contact:

Job title:

Email address:

Telephone number:

Address (if different from main):

Head of Regeneration/Renewals

Name of contact:

Job title:

Email address:

Telephone number:

Address (if different from main):

IT/ICT Services

Name of contact:

Designation:

Email address:

Telephone number:

Address (if different from main):

Private Sector Housing

Name of contact:

Designation:

Email address:

Telephone number:

Address (if different from main):

Please indicate your main reason(s) for joining the Northern Housing Consortium – all applicants to complete:

Please indicate any additional information regarding your organisation which would be useful to us e.g. results of inspection, special status etc.

Please indicate if your organisation is part of group structure, and if so which one.

Has your organisation previously been a member of the Northern Housing Consortium?

Yes

No

Name:

Signed:

Date:

Data Protection

In accordance with the Data Protection Act 1998, personal information provided on this form may be used to make contact with you for services delivered by Northern Housing Consortium Ltd.