



# Neighbourhood Inspector Application Form

All information you provide on this form is confidential and will only be used for the purpose of recruiting neighbourhood inspectors and monitoring the success of the programme.

Mr/Mrs/Miss/Ms. (Circle as appropriate)

Surname ..... First name .....

Address .....

.....

Postcode .....

Telephone number (home) .....Telephone number (mobile) .....

Email address .....

How long have you been a customer of Somer Community Housing Trust?

.....

Do you or have you ever worked for Somer Community Housing Trust?

Yes  No

**To help us arrange training for residents please complete the following questions:**

Are you currently in employment?  Yes  No

If yes, are you working part-time or full-time?  Part-time  Full-time

Would you need crèche facilities to attend training?  Yes  No

If yes, please state ages of children .....

**Please note:** We will reimburse all reasonable travel costs, child care and carer costs.

Are there any days of the week or times when you would NOT be available to come to a training session? For example mornings/afternoons/evenings/Saturdays. Please state.

.....

Do you have any special dietary requirements?

Yes

No

If yes, please state

.....

## About you

Male  Female

Age Group

16-24  25-44  45-64  65 +

How would you describe your ethnic origin? (please circle)

White

British/Irish/other white

Mixed

White and Black Caribbean / White and Black African / White and Black Asian / Other mixed background

Black or Black British

Caribbean/African/Other

Asian or Asian British

Pakistani/Indian/Bangladesh/other

Prefer not to say

Type of household (please tick)

1 adult

2 adults

Other

1 adult and 1 or more children

2 adults and 1 or more children

Do you consider yourself to have a disability?

Yes

No

Don't know

Are you a tenant/leaseholder/other? please state .....