



application for membership

of the Chartered Institute of Housing



Where Did You Hear About The CIH?

- College / University
 Email
 CIH Branch
 CIH Event / Course
 Website
 Magazine / Journal
 Promotional Flier
 Employer / Member Recommendation
 Exhibition
 Other

Application Grade: (a separate application form for Fellows is available on request)

- Student
 Affiliate
 Practitioner
 Corporate
 Associate*

*please supply a full CV with all applications for Associate membership. You will be registered as an Affiliate member until successful completion of your interview.

Application Type: Are you applying for any concessionary rates?

- International
 Tenant
 Retired
 Career Break

Personal Details

Surname:	Home address:
Forenames:	
Title:	Postcode:
Honours:	Tel no:
Email:	Fax no:

Have you ever been a CIH member? _____ Membership No. (if known) _____

Employment Details

Organisation name:	Head Office: (if different)
Work address:	
Postcode:	Postcode:
Job title:	Date of commencement:
Tel no:	Fax no:
Email:	

What is your preferred email address for correspondence? Home Work Other (please specify)

What best describes your current role?

- Chief Executive
 Director
 Senior Manager
 Middle Manager
 Team Leader
 Front line practitioner
 Consultant/partner
 Other (please specify below)

Educational And Professional Qualifications

Please fill in below any courses that you are currently undertaking or have completed that relate to your application for membership. Please supply a copy of certificate or pass list as proof of qualifications.

Dates	Course title	College / University	Part time / full time

Declarations

In order to provide proof of the circulation figures claimed for Inside Housing, it is important that members formally request their copies of Inside Housing.

Inside Housing	Signature:	Date:
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I hereby declare that the particulars given in this form are true and complete in all respects. I undertake, if accepted, to observe the provisions of the Charter & Byelaws and to abide by its Code of Professional Conduct as a condition of membership of the Chartered Institute of Housing and to contribute, if I am able, to the activities of the Institute and its Branches.

Signature of applicant:	Date:
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Method Of Payment

Payment Options

- Mastercard/Visa/Debit card (please fill in the attached mandate)
- Direct Debit (please fill in the attached Direct Debit mandate)
- Cheque (payable to The Chartered Institute of Housing)
- Invoice my employer (please ask your employer to sign the declaration below)

Declaration By Employer

I hereby declare that the fees listed below will be paid upon receipt of invoice:

Employer's name:	Invoice FAO:
Invoice Address:	Authorised by: (please print)
	Tel:

Data Protection Statement

In making this application your contact details will be stored on our database. As a member of the CIH we will use these details to provide you with information and benefits relevant to your membership. From time to time membership details are passed to third parties for the sole purpose of providing you with products and services that you receive as part of your membership such as Inside Housing magazine. The CIH does not sell its membership lists to any other organisation for marketing purposes.

We will also use this data for the purposes of providing you with information about other CIH events and products that may be of interest to you. If you would prefer not to be informed of CIH products in the future (excluding any information relevant to your membership where appropriate) please tick this box.

CIH Equality and Diversity Monitoring

The CIH is committed to ensuring that its services are accessible to everyone regardless of race, gender, ability, religion, sexual orientation or age. The information you give on this form will help us comply with our policy of ensuring equality in our services to you.

We recognise that some people may regard some of this information as personal and we have, therefore, included an option in most questions for "prefer not to say". You do not have to complete all of this form but it will help us improve our services if you can complete as much as possible and return the form.

All information CIH collects around equality and diversity will be treated confidentially in accordance with the Data Protection Act and will be stored on the CIH database. Access to this information will be restricted to staff involved in the processing and monitoring of this data. It will be used to provide statistical information only.

Please sign below to indicate that you are happy for us to store and use this data in this way:

Signed: _____ Date: _____

A. Your Age: What is your date of birth?

___ / ___ / ___ ___ ___ Prefer not to say

B. Your disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (ie. Has lasted or is expected to last at least 12 months) on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?

- Yes No Prefer not to say

If you have answered yes, please indicate the type of impairment which applies to you. If your experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please mark Other and specify.

Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches	<input type="checkbox"/>
Visual impairment, such as being blind or having a serious visual impairment	<input type="checkbox"/>
Hearing impairment, such as being deaf or having a serious hearing impairment	<input type="checkbox"/>
Mental health condition, such as depression or schizophrenia	<input type="checkbox"/>
Learning disability/difficulty, such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder	<input type="checkbox"/>
Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy	<input type="checkbox"/>
Other (Please specify below)	<input type="checkbox"/>

C. Your ethnic group

(These are based on the Census 2001 categories, and are listed alphabetically)

Asian, Asian British, Asian English, Asian Scottish, Asian Welsh or Asian Irish

- Indian Pakistani Bangladeshi Other Asian Background

Black, Black British, Black English, Black Scottish, Black, Welsh or Black Irish

- Caribbean African Other Black Background

Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or Chinese Irish

- Chinese Other Chinese Background

Mixed

- White & Black African White & Black Caribbean White & Asian Other Mixed Background

Other

- Other Please specify: _____

White

- White-English White-Welsh White-British White Non-European
 White-Scottish White-Irish White-European Other White background
 Prefer not to say

D. Your gender

- Male Female Prefer not to say

Do you identify as transgender?

For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

- Yes No Prefer not to say

E. Your religion or belief

- Buddhism Judaism Christianity Islam
 Hinduism No religion Sikhism
 Other (please specify below) Prefer not to say
- _____

F. Your sexual orientation

- Bi-sexual Heterosexual/straight Gay man
 Gay woman Other (specify if you wish) Prefer not to say
- _____