ASTER GROUP

Customer Voice Committee Member Application

SECTION 1: PERSONAL DETAILS

First Name | Last Name

Address

City/County | Postcode

Phone | Email

YOUR HOME

Are you a tenant/leaseholder of Aster

☐ Yes ☐ No

Have you had any tenancy breaches in the last 3 years?

☐ Yes ☐ No

Are you currently a member of the Customer Voice Committee?

☐ Yes ☐ No

Role applying for:

If you are not a current member of the Customer Voice Committee but would like to be considered for the position of Chair please tick both

☐ Customer Voice Committee Member

Would you like to register your interest in joining these other customer groups?

☐ Designated Complaints Panel ☐ Customer Scrutiny Panel

Preferred method of contact

☐ Email

☐ Text Message

☐ Phone call

SECTION 2: SUPPORTING STATEMENT

Support statement

In no more than 500 words, please explain:
Why you are applying for this role.
What you hope to contribute.
How your skills and experience meet the requirements of the role (Chair and/or Member).

By submitting this form, you confirm that:
The information provided is accurate.
You agree to participate in the recruitment process if shortlisted.
If successful, you will commit the necessary time required for the Customer Voice Committee Member and/or Chair role.

☐ I confirm