





# **Customer Voice Committee Member Application**

SECTION 1	L: PERSONAL DETAILS
First Name	Last Name
Address	
City/County	Postcode
Phone	Email
YOUR HO!	
	nant/leaseholder of Aster
Yes	No
Have you ha	d any tenancy breaches in the last 3 years?
Yes	No
Are you curr	ently a member of the Customer Voice Committee?
Yes	No
Role applyin	
	current member of the Customer Voice Committee but would like to be considered for the please tick both
Custom	er Voice Committee Member Customer Voice Committee Chair
Would you li	ke to register your interest in joining these other customer groups?
Designa	ted Complaints Panel Customer Scrutiny Panel
Preferred me	ethod of contact
Email	
Text Me	esana Anesa
Phone of	

### **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
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## **SECTION 3: DATA PROTECTION AND USE OF INFORMATION**

TPAS is acting as our independent partner to manage applications and shortlisting.

Information will be used only to:

- Assess your application for the Chair or Member role.
- Contact you about progress and interviews.
- Monitor fairness and participation.

Data will be process	sed securely by TPAS under agreements with Aster.
I confirm I have read	d and understand how my data will be stored and processed.
Yes	No