**Community Grant Makers**

**Panel Member Expression of interest form**

**Please complete and return this form to Laura Guy laura.guy@cripplegate.org.uk or by post to 13 Elliott’s Place, London N1 8HX no later than 28th July 2024.**

|  |  |  |
| --- | --- | --- |
| **Name:** | |  |
| **Home address:** | |  |
| **Postcode:** | |  |
| **Tel:** | **Email:** |  |

|  |
| --- |
| How did you hear about this opportunity? i.e. if through a local group please tell us who, social media, word of mouth etc |
| Why do you want to be a Community Panel member? |
| What do you like about living in Islington? |
| What are the main challenges facing people in Islington? |
| If you could pick three things to improve life for people in Islington what would they be? |
| Please tell us about any experiences, skills, or personal qualities that you think will help make you a good Community Panel member/Grant Maker? |
| Please tell us anything practical we need to know to enable you to take part.  *For example:*   * *times / days to avoid setting meetings on* * *any dietary requirements* * *other help or assistance we need to provide that would help you participate* * *any expenses you are likely to need us to cover for you to take part* |

**This form is anonymous – you do not have to put your name on it.**

**It is to help us find out a little more about who has applied to be a Panel member.**

**Age:** 56-65☐ 66-75 ☐ 76-85 ☐ 85+☐

**Gender (tick one)**

Female ☐Male☐Non-binary ☐ Intersex☐Prefer not to say ☐

If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexuality (tick one)**

Heterosexual ☐Lesbian☐Gay ☐Bisexual☐Prefer not to say ☐

If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consider yourself to have a disability or additional support needs?**

Yes ☐No☐Prefer not to say ☐

If you answered ‘Yes’ please describe the nature of your disability:

**Your Ethnicity (please tick one):** *(Categories taken from 2011 census).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian or  Asian British** | **Black or  Black British** | **White** | **Mixed** | **Other ethnic group** |
| [ ] Bangladeshi  [ ] Chinese  [ ] Indian  [ ] Pakistani  [ ] Other Asian background, please specify: | [ ] African  [ ] Caribbean  [ ] Other Black background, please specify: | [ ] British  [ ] Irish  [ ] Gypsy/ Traveller  [ ] Other White background, please specify: | [ ] White/Black Caribbean  [ ] White/Black African  [ ] White/Asian  [ ] Other Mixed background, please specify: | [ ] Arab  [ ] Other ethnic group, please specify: |

**Your Religion (please tick one):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Agnostic |  | Atheist |  | Baha’i |  | Buddhist |  |
| Christian |  | Hindu |  | Humanist |  | Jain |  |
| Jewish |  | Muslim |  | Rastafarian |  | Sikh |  |
| Zoroastrian |  | None |  | Prefer not to say |  | Other (please specify): |  |

**Thank you for completing this form. It will be filed separately from your application.**