# Trustee Application Form

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| **Role Applied For (if applicable):** |  |

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| **Personal Details** |
| Title: |  | Surname: |  | First Name(s): |  |
| Address: |  |
|  | Post Code: |  |
| Telephone: |  | Mobile No: |  |
| DOB: |  | Email: |  |
| Would you like to be added to our mailing list? | YES / NO |
| Do you hold a current driving licence? | YES / NO |
| If your driving licence has endorsements, please give details: |
| Do you have any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?If YES, please give details: |
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| **Emergency Contact 1** |
| Name: |  | Relationship: |  |
| Telephone: |  |
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| **Emergency Contact 2** |
| Name: |  | Relationship: |  |
| Telephone: |  |

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| **Education** |
| School / College / University attended | Date from | Date to | Qualifications gained |
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| **Employment History**Please list all employment, explaining any gaps between posts since you finished full time education, and including any voluntary roles (beginning with most recent). Continue on a separate sheet if necessary. |
| Start date and end date | Name & address of employer | Job title & responsibilities | Reason for leaving |
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| **Personal statement**Please use this space to tell us about your interest and motivation in becoming a Trustee at Chapter.  This information is important as it is your chance to tell us what you can offer as a Trustee.  Please refer to any training, experience (paid, voluntary or life experience), relevant memberships, board level positions, qualifactions, and personal qualities that you feel you will bring to Chapter. |
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| **Hobbies and Interests** |
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| **References** |
| Please provide the names and full contact details of two people who have agreed to supply references. If you are in employment at least one reference should be your employer. You cannot use personal friends as referees.  |
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| **Referee 1** |
| Surname: |  | First Name(s): |  |
| Title: |  | Address: |  |
|  |
|  | Post Code: |  |
| Job Title: |  |
| Relationship: |  |
| Telephone: |  |
| Email: |  |
|  |
| **Referee 2** |
| Surname: |  | First Name(s): |  |
| Title: |  | Address: |  |
|  |
|  | Post Code: |  |
| Job Title: |  |
| Relationship: |  |
| Telephone: |  |
| Email: |  |

### Declaration

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details. By signing below you agree to this declaration.

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| Signature: |  |
| Name: |  | Date: |  |

# Equal Opportunities

At Chapter we recognise the benefits of having a diverse workforce and therefore welcome applications from all sections of the community. To comply with the Equality Act 2010, we gather data to help build an accurate picture of the applicants we attract from the local community.

This information you provide will stay confidential and be stored securely and limited to only some staff in the organisation’s Human Resources section. Your answers are kept separately from your application during the shortlisting process.

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| **Ethnicity** |
| What ethnic group do you feel best describes you (please tick one)? |
| **White**☐ White British☐ White Welsh☐ White Irish ☐ Other | **Black/Black** **British**☐ African ☐ Caribbean☐ Other | **Mixed/Multiple**☐ White & African☐ White & Black Caribbean☐ White & Asian | **Asian/British**☐ Indian ☐ Pakistani☐ Bangladeshi☐ Chinese ☐ Other | **Roma/Traveller**☐ Roma☐ Irish Traveller☐ Other traveller |
| Other ethnic group:☐ I’d rather not say |
|  |
| **Disability** |
| Do you consider yourself to have a disability? Yes ☐ No ☐If yes, which of these best describes your disability (tick all that apply)? |
| ☐ Physical impairment☐ Mental Health☐ I’d rather not say | ☐ Sensory impairment☐ Long term/life-limiting☐ Other | ☐ Learning Difficulty☐ Learning Disability |
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| **Gender** |
| ☐ Male ☐ Female ☐ I’d prefer not to sayIs your present gender the same as the one assigned to you at birth?☐ Yes ☐ No ☐ I’d prefer not to say |
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| **Sexual Orientation** |
| Which of the following best describes your sexual orientation?☐ Lesbian ☐ Gay ☐ Bisexual ☐ Heterosexual ☐ Other ☐ I’d rather not say |