

# Application Form For the role of Board Trustee

## Part A Application

We will use this form to assess the skills, experience and interests of those people, who have applied to become a Trustee. It will assist if you can be as specific as possible on, for example, your reasons for wanting to become a Trustee and what skills and experience you will be able to bring to the role.

(Please type or print clearly in black ink)

Title: ..... First Name: ..... Surname: .....

Address:.....

.....

.....

.....

Post Code:.....

Telephone: .....

Mobile: .....

E-mail: .....

1. What is your current occupation?

2. Please detail your present or most recent employer:

Name

Position held

Dates to and from

3. Please detail previous employment:

Name

Position held

Dates to and from

What attracts you to volunteering to this particular charity as a Trustee?	
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Which of the following skills or experience could you bring to the Board?	Please indicate against each relevant area whether it is your Principle skill by writing 'P' or a secondary skill where you have experience , by writing 'S'.			
	Governance /Financial Management		Retail /Business management	
	Clinical / Medical/Care Administration/Management		Income generation /Fundraising	
	Accountancy, HR or Law		Other (Please state)	
Please elaborate on information given above to support your application for one of the Trustee roles we are looking to fill (including any qualifications held, membership to professional bodies):				
By referring to the Trustee role description, please give further details of any personal qualities, skills, experience and knowledge that you think would make you a good Trustee (knowledge and experience can be through paid employment or voluntary/participatory activities):  (Using on a separate sheet no more than 2 sides of A4 )				

Please provide 2 references from people who are not related to you and who know you well.

Permission to contact prior to interview: Referee 1    yes / no    Referee 2    yes/no

**Referee One**

Name: .....

Address: .....

.....

.....

Post Code.....

Telephone: .....

Email: .....

What is their connection with you?

**Referee Two**

Name: .....

Address: .....

.....

.....

Post Code: .....

Telephone: .....

Email: .....

What is their connection with you?

**Declaration of Willingness to be appointed**

I declare that the information supplied in relation to this Application Form is true and accurate, and authorise you to contact the two referees named above for any further information you may require in relation to my application.

I agree that any offer of a Trustee role with Tynedale Hospice at Home is subject to satisfactory references and binding in honour only. In accordance with the 1998 Data Protection Act, I agree that Tynedale Hospice at Home may hold and use personal information about me. This information, including that contained on this form, can be stored on both manual and computer files. It will be held securely and only used by authorised personnel.

Signed..... Date .....

## Part B Further declarations

Checklist for eligibility to be a Charity Trustee	Yes	No
Are you over the age of 18 years?		
Have you ever been convicted of any offence involving dishonesty or deception?		
Have you ever been convicted of a crime and sentenced to imprisonment within the last 5 years?		
Are you an undischarged bankrupt or have made a composition or arrangement, with or granted a trust deed for, your creditors?		
Have you ever been disqualified from being a company director?		
Have you ever been removed from the office of charity trustee for a charity by an Order made by the Charity Commissioners or the High Court on the grounds of any misconduct or mismanagement?		
Are you disqualified under the Protection of Vulnerable Adults Lists?		
Have you failed to make payment under county court administration orders?		
Are you related /connected to a member of staff of the Charity by relationship either personally or professionally?		
	Yes	No
<b>Checklist for Conflicts of Interests to role of TTH Trustee</b>		
Have you, or any organisation you are a member of, represent, or have a pecuniary interest in, ever been a beneficiary of Tynedale Hospice at Home?		
Have you, a family member, or your employer, undertaken work for or supplied goods or services to Tynedale Hospice at Home? If yes, please give details:		
Have you been a Charity Trustee before? If yes, please provide details:		
Are you currently a Trustee of any other Charity/Third sector organisation? If yes, please provide details:		
Are there other voluntary organisations you support or have supported in any role: If yes, please provide details:		

Are there other voluntary organisations you support or have supported in any role: If yes, please provide details:		
Have you or a family member used the services of this Hospice? If yes, please give identify the services used and approx. dates		
Have you volunteered or supported this charity in any way to date? If yes, please give details		

### Part C Monitoring

The Hospice is required under the 2010 Equality Act to collect details about an applicant's age, sex, ethnicity, religion and sexual orientation. This information is collected to fulfil that obligation and is used for monitoring purposes only.	
I would describe my ethnic origin as follows	Please indicate your religious belief by ticking the relevant box:
<p>(please tick):</p> <p><b>White</b> <input type="checkbox"/> - British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background <input type="checkbox"/></p> <p><b>Asian or Asian British</b> <input type="checkbox"/> - Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p><b>Mixed:</b> White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p><b>Black or Black British</b> <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/> African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p><b>Any other ethnic group</b> Chinese <input type="checkbox"/></p> <p>Other Ethnic Group <input type="checkbox"/></p> <p><b>I do not wish to disclose my ethnic origin</b> <input type="checkbox"/></p>	<p>Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/></p> <p>Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Sikhism <input type="checkbox"/> Jainism <input type="checkbox"/></p> <p>Other please specify:</p> <p><b>I do not wish to disclose my religious belief</b> <input type="checkbox"/></p> <p>Do you have a sexual orientation towards (please tick):</p> <p>Persons of the opposite sex <input type="checkbox"/></p> <p>Persons of the same sex <input type="checkbox"/></p> <p>Persons of the same and opposite sex <input type="checkbox"/></p> <p><b>I do not wish to disclose my sexual orientation</b> <input type="checkbox"/></p>
Are you registered disabled? Please delete as appropriate YES <input type="checkbox"/> / NO <input type="checkbox"/>	
If you answered YES please give details?	
<p><b>Rehabilitation of Offenders</b></p> <p>Because of the nature of the work, this post may exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1975 (Exceptions) Amendments Order 1986. Applicants are not therefore entitled to withhold information about convictions, which for other purposes are considered spent under the provisions of the Act. Have you any unspent criminal convictions or bind-overs, cautions or reprimands?</p>	

Please tick as appropriate YES ☐ / NO ☐ (If you answered YES please give details this can be appended in a sealed envelope marked **CONFIDENTIAL**)

**DBS Checks**

The Hospice is required to undertake DBS check on all employees. The Hospice complies with the DBS code of practice and the Employment of Ex-offenders Policy, which are available upon request.

**Declaration:** Please Sign This Section After You Have Completed All Parts of this Application Form.

I certify to the best of my knowledge that the information given in part B and C of this form is correct. I understand that deliberately giving false or incomplete information will disqualify me from appointment, or in the event of discovery after appointment, make me liable for dismissal.

**Signed: (as confirmation of signature).**

**Date:**

Please return the application form by February 6th 2107, marked Confidential to

Anne Francis

Tynedale Hospice at Home

1, Legion House

Beaufront Business Park

Anick Road

Hexham

NE46 4TU