## 2018 logo with strapline

**Trustee Application Form**

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| Position applied for: | **Trustee** |

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| ***PERSONAL DETAILS***  Mr / Mrs / Miss / Dr  Surname: First Name:  Current Address:  Post Code:  Preferred contact number: …………………………………………………………………………………………..  Email:  Date of birth: ……………………………………………………………………  Are you legally eligible to work in the UK?  National Insurance Number:  Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? If yes, please give details:    You are required to undertake an enhanced DBS police check. Please confirm whether you are willing to consent to such a check being carried out.  **Y / N** |

***SUMMARY OF EMPLOYMENT HISTORY***

**Present/Previous Employment**

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| --- | --- | --- | --- |
| Name and Address | From | To | Job Title |
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***PROFESSIONAL QUALIFICATIONS***

|  |  |  |
| --- | --- | --- |
| Subject/Activity | Year | Organising Body |
|  |  |  |

***ADDITIONAL INFORMATION/RELEVANT EXPERIENCE***

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| *Please use this space to include any additional information in support of your application.*  *Please provide experience specific to the Committee position you are applying for, your motivation for becoming a trustee and how you meet the specification of the role of a trustee.* |

***GENERAL***

In the event of you being offered an interview are there any adjustments we should consider to interview you for the job? Y/N If ‘Yes’ please attach details.

***REFEREES***

**References must be obtained for all new Trustees. Please give contact details of two people who are not related to you and who would be willing to act as a referee.**

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| Name:  Email address: ………………………………………………………………………………………………………………………………………………………….  Position: Tel No:  **Can the referee be contacted prior to interview Yes** 🞏 **No** 🞏 |

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| Name:  Email address: ………………………………………………………………………………………………………………………………………………………….  Position: Tel No:  **Can the referee be contacted prior to interview Yes** 🞏 **No**  🞏 |

***Statement to be signed by applicant***

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| I declare that the information I have given is true and accurate to the best of my knowledge and belief. I understand that knowingly to falsify this form or to provide misleading information may exclude me from the role of trustee.  I understand that Hospice at Home West Cumbria and any other relevant person may use the information contained in this form for the purposes of monitoring equal opportunity, race discrimination and the effectiveness of its recruitment procedures and consent to its use.  Applicant’s signature: Date: |

**Completed application forms should be sent to:**

Carol Robertson

Governance Officer

Hospice at Home West Cumbria

Therapy & Information Centre

10 Finkle Street

Workington

Cumbria

CA14 2BB

**Email: carol.robertson@hhwc.org.uk**