## 2018 logo with strapline

**Trustee Application Form**

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

***PERSONAL DETAILS***

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| Surname: First Name:  Current Address:  Post Code:  Tel No (STD) Home: Work Tel No:  Mobile No: ………………………………………………………… Date of Birth: …………………………………………………………………………..  Email:  Are you legally eligible for employment in the UK?  In the event of you being offered employment under Section 8 of the Immigration and Asylum Act 1996, you will be required to provide evidence of your eligibility to work legally 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:    If the nature of the work you are applying for requires 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 position you are applying for:* |

***GENERAL***

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

***REFEREES***

**The Charity Commission recommends that references are obtained for all new Trustees. Please give the name and address of at least one person who is not related to you who would be willing to act as referee.**

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| Name:  Address:  Position: Tel No:  **Can the referee be contacted prior to interview Yes** 🞏 **No** 🞏 |

|  |
| --- |
| Name:  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 employment or render me liable to disciplinary proceedings which may include dismissal.  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**

**Company Secretary**

**Hospice at Home West Cumbria**

**Upper Floor, Cumbria House**

**New Oxford Street**

**Workington**

**Cumbria**

**CA14 2NA**