Trustee Application Form

Thank you for expressing an interest in becoming a Trustee of Grampian Women’s Aid.

Completed application forms should be emailed to: aileen.forbes@grampianwomensaid.com

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| **Personal Details** |
| First Name: |  | Last Name: |  |
| Home address: |  |
| Post code: |  |
| Telephone number: |  | Mobile number: |  |
| Email: |  |

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| **Protection of Vulnerable Groups (Scotland) Act 2007** |
| Are you a member of the PVG Scheme?  | Y/N |
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| Are you registered for :  |  |

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| ☐ Children☐ Protected Adults☐ Both  |  |

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| **Membership of Professional Bodies** |
| Date | Name of Professional Body | Status of Membership | Membership No. |
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| **Directorships / Trustee Positions (please include public, private, charitable, etc). Please include current or previous.**  |
| Directorship/Trustee | Period from/to | Name of Business/ Organisation: | Nature of Business/ Organisation: |
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| **Present or Most Recent Employment** |
| Job title: |  |
| Employers Name: |  |
| Role Title and details of post: |  |
| Dates of Employment: |  |
| All Previous Employment/Volunteering History(begin with the most recent first and include periods of volunteering and unemployment; for up to the last three roles.  |
| Date From | Date To | Employer’s name and address including post code | Role Title and details of post including duties, responsibilities and achievements |
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| **Supporting Statement** |

Please state why you are applying to become a Trustee, and document how you meet the specific requirements of the role profile and person specification, including the skills, experience and achievements you bring to this role.

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| **References** |

Two references will be sought for successful applicants. References should be from your two most recent employers.

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| **First referee details** |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Address: |  |
| Postcode: |  |
| Email address: |  |
| How long have you known this person? |  |
| In what capacity do you know this referee? |  |

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| **Second referee details** |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Address: |  |
| Postcode: |  |
| Email address: |  |

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| How long have you known this person? |  |
| In what capacity do you know this referee? |  |

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| Data Protection  |

Grampian Women’s Aid will use the information you provide in this application pack for the purpose of processing your application and monitoring the recruitment process. If your application is successful Grampian Women’s Aid will process your information for the purpose of facilitating your role as a Trustee (for example, sharing information with Companies House, Office of Scottish Charity Regulator; to support grant and tender submissions; with banking institutions and insurance companies – specifically in relation to the professional indemnity insurance cover).

The information you provide in this pack will be stored securely and will not be retained longer than necessary. Unsuccessful applications will not normally be kept for longer than a year. You have a right to access the information that Grampian Women’s Aid holds on you. If you would like to do this, please contact the Manager. For further information about our processing under Data Protection please refer to our website.

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| Declaration |

I certify that the information I have declared in this application form is true and correct. I have not withheld any information which may affect my application to become a trustee. I understand that false information or omissions may lead to my ceasing to become or remain a trustee of Grampian Women’s Aid.

I understand the data contained in this application, together with information supplied by referees and/or relevant third parties, (which may include sensitive personal data) will be used and processed for legitimate purposes connected with selection and appointment purposes, and if I become a trustee it will be used for legitimate purposes outlined above and that the information may be verified by Grampian Women’s Aid, in accordance with Data Protection legislation.

I understand that this is an application for consideration by Grampian Women’s Aid Trustee Board and in line with Grampian Women’s Aid Articles of Association, the decision to progress my nomination will be determined by the Trustee Board.

Specifically in relation to the Charities and Trustees Investment (Scotland) Act 2005, I declare that I am not disqualified from acting as a charity trustee and that:

* I am capable of managing and administering my own affairs.
* I do not have an unspent conviction relating to any offence involving deception or dishonesty (or any such conviction which is legally regarded as spent).
* I have not been involved in tax fraud or other fraudulent behaviour including misrepresentation and/or theft.
* I have not used a tax avoidance scheme featuring charitable reliefs or using a charity to facilitate the avoidance.
* I have not been involved in designing and/or promoting tax avoidance schemes.
* I am not an undischarged bankrupt nor have I made a composition or arrangement with, or granted a trust deed from my creditors (ignore if discharged from such an arrangement).
* I have not been disqualified from serving as a company director.
* I have not been removed from serving as a charity trustee, or been stopped from acting in a management position within a charity.
* I am not disqualified under the Protection of Vulnerable Adults or Children list.
* I will seek at all times to ensure the charity’s funds, and the charity tax reliefs received by this organisation are used only for charitable purposes.

**By completing your name below and emailing the application form, this will be accepted as your signature.**

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| Print name: |  | Date: |  |

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