

**BOARD APPLICATION FORM**

**If possible please complete electronically and**

**ensure that your application is saved as a Word document**

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| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | | | | | |
|  |  | | |  |  | |
| **Address** |  | **Postcode** | | |  | |
|  |  | | |  |  | |
| **Home Telephone Number** |  | | | | | |
| **Other Contact Phone Number** |  | | | | | |
| **Email Address** |  | | | | | |
|  |  | | | | | |
| **Date of Birth** |  | | | | | |
| **National Insurance No** |  | | | | | |
|  |  | | |  |  | |
| **Qualifications and Awards** | | | | | | |
| **Year** | **Subject** | | **Level** | | | **Grade Attained** |
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| **Details of Employment Interests** | | | | | |
| **Dates**  **(From and To)** | **Employment/Business Interests** | | **Position Held and Nature of Work** | | |
|  |  | |  | | |
|  |  | |  | |  |
| **Details of Public Appointments** | | | | | |
| **Dates**  **(From and To)** | **Name of Organisation** | **Position Held and Nature of Work** | | **Time Commitment** | |
|  |  |  | |  | |

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| **Membership of Professional Bodies** |
| Are you a member of a professional body?Yes No |
| If Yes please state name of the professional body(ies): |
| Level of membership: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Availability**  Please give details of how much time you could make available to us | | | |
| Days per week: |  | Days per month: |  |
| Other |  | | |

|  |  |  |  |  |
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| **Conflict of Interest**  Please give details of any business or other interests which might give rise to conflict of interest, and how you would address this issue should you be successful in your application. | | | | |
|  | | | | |
| **References:** Please give **TWO** referees. If you do **NOT** wish us to contact either referee before an offer is made, please place a cross in the appropriate box. | | | |
| **Name** | **Capacity in which they know you** | **Full Address & Postcode** | **Telephone Number & Email Address** |
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| **Expression of Interest**  This section gives you the opportunity to include any relevant information that may not be apparent from other information you are providing. For example toexplain why you have applied for the position of Board member or to detail any additional experience and skills that you believe demonstrates your ability to fulfil the role and your interest in and commitment to the position. |
|  |
| Do you have any disability that may require an adjustment in order for you to attend/participate in the recruitment process?  Yes No  If you have answered Yes, please give details  ……………………………………………………………………………………………………………………………………………………  Do you have any disability that may require an adjustment to the workplace in order for you to fulfil your duties?  Yes No  If you have answered Yes, please give details  ……………………………………………………………………………………………………………………………………………………  Where did you hear about this vacancy?  …………………………………………………………..……………………………………….. |

Declaration

I confirm that I have read this application fully. I understand that failure to give the correct information on an application for employment may result in disciplinary action, or termination of contract.

Signed: Date:

This form, duly signed, should be emailed to us at [djwl.moho@gmail.com](mailto:djwl.moho@gmail.com) or posted to:

Jo Valentine, Motionhouse, Spencer Yard, Leamington Spa, Warwickshire CV31 3SY

**EQUAL OPPORTUNITIES MONITORING FORM**

Information provided by you on this page will be treated in the strictest confidence and will not be distributed outside the organisation. This page is detached from the application form when your form is received and is not part of the assessment of your application or the short listing process.

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| --- | --- | --- | --- | --- | --- |
| White - British |  | Pakistani |  | Any other Asian Background |  |
| White - Irish |  | Bangladeshi |  | Any other Black background |  |
| Indian |  | Mixed White/Asian |  | Any other White Background |  |
| Chinese |  | Mixed  White/Black African |  | Any Other (Please state)  ………………… |  |
| Caribbean |  | Mixed  White/ Black Caribbean |  |  |  |
| African |  | Any other mixed background |  |  |  |

**Gender:**

Male  Female

**Title:**

Mr.  Mrs  Dr.  Miss  Ms

Other.......................

Do you consider yourself to have a disability as defined under the Disability Discrimination Act 1995?

Yes  No