

TRUSTEE APPLICATION FORM

We need to ask you for information about you (your data) in order to consider your application. The information we ask you for will only be what we need in order to process your application.

We will record this information on a paper or computer record or a system called CharityLog delivered by Dizions. We will keep your information securely. If you are unsuccessful your data will be deleted and destroyed after 6 monthsyou're your application is successful your data will be held on record as the law requires. **Do you agree? Yes / No**

We ask for other information to understand our recruitment process. This type of information is not considered during the recruitment process and does not influence our decision. You do not have to give us this type of information but it helps us if you do.

Do you agree? Yes / No

Name:

Date:

| PERSONAL DETAILS | | | | | | |
|---------------------------------------|-------------|-----|--|--|--|--|
| Title: Mr/Mrs/Miss/Ms/Other | | | | | | |
| | | | | | | |
| Surname: | First Name: | | | | | |
| | | | | | | |
| Address for correspondence | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Post Code: | | | | | |
| Telephone: (home) | (Work) | | | | | |
| May we contact you at work discreetly | Yes: | No: | | | | |

PREVIOUS & PRESENT RELATIONSHIP WITH US

YES NO

| Are you currently employed by AUKDD? | | |
|---|---------|--|
| | | |
| Have you left AUKDD's employment in the last 12 months? | | |
| | | |
| Are you currently a volunteer with AUKDD? | | |
| | | |
| Have you ceased to be a volunteer with AUKDD in the last 12 months? | | |
| | | |
| Please give brief details and dates worked and past experience with A another Age UK Group: | UKDD or | |
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| | | |
| | | |
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| | | |
| | | |

| | EMPLOYMENT/ VOLUNTEERING HISTORY | | | | | | | |
|------------------|----------------------------------|-------------------------|-------------|--|--|--|--|--|
| Name of Employer | Job Role | Dates Worked From To | Main Duties | | | | | |

| | LQL | JALIFICA | TIONS H | IEL | |
|--------------------------------------|-----|----------|---------|-----|-----------------------------|
| Secondary School/College/University/ | | Dates | | | Qualifications Gained, Date |
| Professional Association | Fro | om | То | | Obtained and Grade |
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EXPERIENCE AND SKILLS

Please use this space to demonstrate the work, voluntary and other experiences, together with the skills and knowledge you are able to offer in this trustee role.

Please continue on an extra sheet if necessary

| REFERENCES | | | | | | |
|--|------|---|----------|------|----------|--|
| Please provide the names and addresses of two character referees, who should | | | | | | |
| not be related to you, indicating in what capacity you know them. | | | | | | |
| 1. REFEREE | | 2. REFEREE | | | | |
| Name: | | Name: | | | | |
| Address: | | Address: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Tel. No. | Home | Business | Tel. No. | Home | Business | |
| | | | | | | |
| In what capacity is the referee known to you? | | In what capacity is the referee known to you? | | | | |

CRIMINAL CONVICTIONS

The role requires us to carry out a criminal record check through the Disclosure & Barring Service. Please give details of ANY cautions, convictions or bindovers received or proceedings being instituted against you. Please give these details on a separate sheet and insert into a sealed envelope addressed to The Chief Executive and mark private and confidential. Securely attach this to this application form. The Disclosure & Barring Service has produced guidance for disclosure and this is available from AUKDD upon request. In the event of you not being shortlisted the envelope will be returned to you unopened. If none, write 'NONE' in the space below:

Failure to notify us of any such convictions, cautions or bindovers at this stage may result in any agreements between us being terminated.

| DISABILITY DISCRIMINATION ACT 1995 | | | | | | | |
|---|---------|--------|---------|--------|--|--|--|
| Please indicate if you have any special | Yes: | | No: | | | | |
| requirements to enable you to attend an interview | | | | | | | |
| Please state your requirements below (e.g. wheelch interpreter etc) | air acc | ess, s | ign lan | guage, | | | |

The information provided in this application is a true and fair record. I wish this information to be considered in my application to become a Trustee of Age UK Derby and Derbyshire.

Signed:
Date:



Completed application forms should be sent by email to:

katy.pugh@ageukdd.org.uk

Or by post to:

Katy Pugh Chief Executive Age UK Derby & Derbyshire 29a Market Place Heanor Derbyshire DE75 7EG

Telephone: 01773 766922

Visit our Website for more information

Website: www.ageuk.org.uk/derbyandderbyshire

Email: administration@ageukderbyandderbyshire.org.uk

Registered Charity No. 1068550