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**Trustee Application Form**

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| **Title:** | **Name:** |
| **Address:** |
| **Post Code:** |
| **Telephone – Home:** | **Work:** |
| **Mobile:** | **Email Address:** |

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| **Attendance Requirement** As a Trustee representing Age Cymru West Glamorgan, we require you to attend a minimum of 4 Board meetings each year. Please tick this box to show that you agree 🞏 |

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| **Status (Please Tick)** |
| Unemployed |  | Student |  | Retired |  |
| Working Part-Time |  | Working Full-Time |  | Long Term Sick/Disabled |  |
| Other (please specify) |

**(Please Tick the following to indicate your level of knowledge and experience)**

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| **Skills and Attributes**  | **Basic** | **Moderate** | **Significant** |
| Charity Governance |  |  |  |
| Business |  |  |  |
| Marketing |  |  |  |
| Human Resources (HR) |  |  |  |
| Legal |  |  |  |
| Third Sector |  |  |  |
| Health Sector  |  |  |  |
| Social Care |  |  |  |
| Please explain why you wish to be a Trustee for Age Cymru West Glamorgan and how your skills/knowledge will benefit the charity:  |

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| **Please indicate times/dates that you unavailable for meetings etc or other restrictions we would find helpful for planning:** |

**What are your reasons for volunteering?** (Please tick any boxes below)

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| To make friends and meet people |  | To make a difference |  |
| To develop new skills  |  | To gain further experience  |  |
| I enjoy helping older people |  | To build confidence & Self esteem  |  |
| To be a part of a team |  | To use & retain existing skills  |  |
| To be a part of my local community |  | I simply enjoy volunteering |  |
| Additional reasons/ comments |

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| Please advise us of any issues, such as health related conditions that may affect your role.  |

In both the interests of yourself and the people with whom you will be working, we require a reference from two referees **who have know you for at least 1 year.** These references ***MUST NOT BE FAMILY MEMBERS.*If your circumstances mean that you are unable to provide current references, we will be happy to discuss this further with you.**

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| Name:Address:Postcode:Tel no:Relationship to you:Length of time known them? | Name:Address:Postcode:Tel no:Relationship to you:Length of time known them? |

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| **Photo Permission**Throughout the course of your volunteering time with us, we may wish to take a photograph of you as an individual or in a group to record special events for use by Age Cymru West Glamorgan in promotional materials in on our website and social media platforms. By signing and returning this form to us, we will assume that we have your permission to use any individual or group photograph for publicity purposes.If you do not agree to this, please tick this box 🞏 |

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| **GDPR** (General Consent Rules)In order for you to volunteer with us, we need to be able to collect and store information about you. We will treat your information strictly confidentially and store it securely. We will never share your information with anyone without your consent, apart from in exceptional circumstances. (Please tick the boxes to give your consent).Do you give consent for Age Cymru West Glamorgan to store and process your data? 🞏Do you give consent for ACWG to store and process sensitive data? 🞏Do you give consent for ACWG to keep in touch? 🞏 |

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| **Criminal Convictions**Some of our volunteer roles are eligible for a Disclosure and Barring Service check. Organisations are entitled under the Rehabilitation of Offenders’ Act\* to ask the following question – and the potential volunteer is required to answer: Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance? Yes 🞏 No 🞏If you answered yes, please specify: |
| **Third Party DBS checks** I give my ongoing permission for a third party to carry out regular DBS Update Service checks while I am an Age Cymru West Glamorgan volunteer. I understand that this data will be recorded and filed in line with the appropriate Age Cymru West Glamorgan Data Protection policies. Please tick to agree 🞏 |
| DBS Certificate presented? Yes 🞏 No 🞏Have you joined the DBS Update Service? Yes 🞏 No 🞏 DBS Disclosure certificate no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Data Protection Act 1998**In accordance with the Data Protection Act 1998, I agree that Age Cymru West Glamorgan may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this application can be stored on both manually and computer files.  **YES/ NO**  |
| **Emergency Contact:**Name:Address:Postcode: Tel No:Relationship to you:Has this person agreed to be your emergency contact? **YES / NO** |
| **If you are related to, or a partner of an employee, volunteer or trustee please detail below:**Name:Position: |
| **I certify that all the information given on this form is correct**Signature: Date: |

**Thank you for taking the time to complete this form.**

**Please return via email to** **connor.james@agecymruwestglamorgan.org.uk**

**Should you wish to discuss your application form or any of the roles, please telephone**

**01792 648866 or contact** **connor.james@agecymruwestglamorgan.org.uk**