# 

**AGE NI TRUSTEE**

**APPLICATION FORM**

|  |
| --- |
| Return completed form to: |
| **To:**  **Cathryn Law**  **Age NI**  **3 Lower Crescent** Belfast **BT7 1NR**  **Email:** [**board@ageni.org**](mailto:board@ageni.org) |

**Completed Application forms must be received by Age NI no later than 4pm, Monday 22 August 2022**

**Selection for interview will be based on the information you provide on this application form. If you are typing your application, the font style and size must not be changed. Please complete all sections of the application.**

##### PERSONAL DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First name(s): |  |  | Surname : |  |  |
| Address: |  |  | Title: |  |  |
|  |  |  | Tel. No. (Home): |  |  |
|  |  |  | Tel. No. (Work): |  |  |
|  |  |  | Tel. No. (Mobile): |  |  |
|  |  |  | National Insurance No: |  |  |
| Postcode: |  |  | Driving licence: | Yes / No |  |
| Email address: |  |  | Access/use of car: | Yes / No |  |
|  |  |  |  |  |  |

|  |
| --- |
| AREAS OF EXPERTISE  All applicants must identify a minimum of 1 area of expertise.  1. Please identify which area(s) of skills/experience you would bring to the Board of Age NI. (Please mark an X in the relevant box/es)   1. Finance – preferably a qualified accountant e.g. recognised accountancy   body. (Recent and relevant financial experience).   1. Legal 2. External Audit (and Internal Audit would be an advantage) 3. Governance |
| **2. Please demonstrate how your experience and expertise would enable you to carry out the role and responsibilities of a Trustee on the Board of Age NI.** |

|  |
| --- |
| **ESSENTIAL COMPETENCIES**  *We shortlist only on the information which you provide on this application form. Please demonstrate by providing personal and specific details how you meet the following criteria for this position.* |
| **3. Demonstrate by example your ability to contribute to the strategic direction of an organisation and collective decision making within an organisation** |
| 4. Demonstrate by example your ability to analyse information, apply good thinking and sound judgement to solve problems creatively. |
| **5. Demonstrate by example your ability to listen effectively, communicate well and influence others.** |
| **6. Demonstrate by example your ability to work as part of a team and build effective working relationships.** |

|  |
| --- |
| ADDITIONAL INFORMATION  **Please provide the additional information below, which may be requested at interview.** |
| **7. Your understanding of the work of Age NI and the issues of older people.** |
| **8. Your knowledge and understanding of the boundaries between Executive and Non- Executive roles and responsibilities.** |
| **9. An outline of any previous experience as a Trustee/Non-Executive Director, noting the sector in which you served.** |

##### REFEREES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please nominate two persons who are familiar with your work/experience, within the last 5 years. | | | | | |
| Name: |  |  | Name: |  |  |
| Position: |  |  | Position: |  |  |
| Address: |  |  | Address: |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Postcode: |  |  | Postcode: |  |  |
| Relationship: |  |  | Relationship: |  |  |
| Tel. No: |  |  | Tel. No: |  |  |
| Email Address: |  |  | Email Address: |  |  |
|  |  |  |  |  |  |

**PERSONAL DECLARATION**

I understand that if appointed, details of my appointment will be published.

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.

I understand that any wilful misstatement or omission renders me liable to disqualification or, if appointed, to dismissal.

Age NI reserves the right to verify the information you have provided and seek information from other sources.

**Signature: …………………………………… Date: ………………….**

**CANVASSING WILL DISQUALIFY**

Please ensure that you have completed all relevant parts of this application form as only applications containing the information sought will be considered.

The information in this application form will be held securely both manually and electronically on the Age NI People & Development computer database in accordance with current Data Protection legislation. We will treat the information given in this application as confidential. However, applicants are advised that legal processes may require us to disclose the form to certain statutory bodies.

# 

**Declaration of Eligibility to be a Company Director and Charity Trustee**

I declare that:

* I am over age 16.
* I am not undischarged bankrupt.
* I have not previously been removed from trusteeship of a charity or other organisation/body by a Court or the Charity Commission.
* I am not under a disqualification order under the Company Directors’ Disqualification Act 1986.
* I have not been convicted of an offence involving deception or dishonesty (unless the conviction is spent).
* I am, in light of the above, not disqualified by HMRC or the Charity Commission from acting as a Charity Trustee.
* I undertake to fulfil my responsibilities and duties as a Charity Trustee and Company Director of Age NI in good faith and in accordance with the law.
* Please give details of any business or other interests or any personal connections which, if you are appointed, could be misconstrued or cause embarrassment to Age NI. These could include financial interests or share ownership, compulsory/voluntary insolvency/liquidation, active connections with a field of expertise in which the organisation works, Directorship (of charities, organisations, companies) and their activities, associations or employment of a partner or friend in the particular field in which Age NI operates.

Any potential conflicts of interest detailed here will not prevent you going forward to interview but may, if appropriate, be explored with you during your interview to establish how you would address the issue(s) should you be successful in your application.

Have you any conflicts of interest – Yes / No

If yes, please detail:

I hereby declare that, to the best of my knowledge, all the information given by me is correct.

Signature Date

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that if, subsequently, any of the above statements are found to be false you could be disqualified from being a Company Director and Trustee of Age NI.**