Enfield Carers Centre

Britannia House

137-142 Baker Street

Enfield EN1 3JL

Tel: 020 8366 3677

# TRUSTEES APPLICATION FORM

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| PERSONALDETAILS |
| **Title**: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  |
| First Name(s):  | Last Name:  |
| Address:  |
|   |
|   | Post Code:  |
| Home Phone:  | Mobile Phone:  |
| Email Address:  | Date of Birth: Select date |
| Nationality: | Town of birth:  |
| Any former name?**[[1]](#footnote-1)\*** |  |
| Passport or National Insurance Number:\* |
| Are you registered disabled? Yes [ ]  No [ ] If yes, please tell us the nature of your disability:   |
| CARING ROLE |
| Tell us here if you are, or have been a carer or if not, tell us about your experience of caring. |
| COMMUNITY OR VOLUNTARY EXPERIENCE |
| Tell us here about any community/ volunteer experience you have had and the skills and abilities that you gained from this |
| **EMPLOYMENT** – Please tell us about your present and/or past employment and the responsibilities you had |

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| --- | --- | --- | --- |
| Name and address of employer | Position held | Description of responsibilities | Dates: from – to |
|  |  |  |  |

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| Please give details here of your interests, hobbies etc.  |
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Some people are disqualified by law from acting as trustees, including anyone described in section of 72(1) of the Charities Act 1993. This includes:

* Anyone who has an unspent conviction for an offence involving deception or dishonestly
* Anyone who is an undischarged bankrupt
* Anyone who has been removed from trusteeship of a charity by the court or the commissioners for misconduct or mismanagement
* Anyone under a disqualification order under the company director’s disqualification Act 1986

Please indicate if any of the above applies to you. CRB checks will be completed for all trustees.

**REFERENCES**

Please give the names and addresses of two persons from whom confidential references may be obtained. Referees can be neither trustees, staff or volunteers of Enfield Carers Centre.

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| Referee 1 |
| Name:  | Occupation: |
| Address:  |
| Post code:  | Tel: |
| How does this person know you? |
| Referee 2 |
| Name:  | Occupation: |
| Address:  |
| Post code:  | Tel: |
| How does this person know you? |

**TRUSTEE SKILLS AUDIT**

It would be very helpful if you would complete this skills audit – these skills could have been gained at home, as a volunteer or in paid employment.

1. What kind of expertise do you consider you bring to the Board? Tick as appropriate

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| Administration [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Campaigning [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Conflict Resolution [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Customer Care [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Development [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Disability issues [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Equal Opportunities [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Financial [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| General Fundraising / Corporate Fundraising / Grant funding [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| General Strategic Planning and Training [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Governance [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Human Resources/Recruitment [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Information Technology [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Knowledge of the Local Community [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Legal [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Management [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Marketing [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Media/PR [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Networking [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Policy Implementation [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Property [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Research [ ]  lots [ ]  some [ ]  a little [ ]  none  |
| Other (please give details) |

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| Do you have any other skills to offer? |
| Are there any areas of the Carers Centre’s work you are have a particular interest in and/or would like to become involved? |
| What motivated you to become a trustee? |

I certify that to the best of my knowledge this application is a true and accurate record. I understand that any false statement may be sufficient cause for rejection

Signed: Date:

1. \* Information marked with an \* is required only for registration as Director with Companies House and is not available to view in the public record [↑](#footnote-ref-1)