

CROSSROADS CARE IN GREATER MANCHESTER

TRUSTEE APPLICATION FORM

COMPLETING THE FORM

Please complete all sections as fully as possible, continuing on extra sheets if necessary.

Please complete in **Black** ink.

Please return all applications marked 'Private and Confidential' to:

Mr Joe Blaney (Company Secretary)
Crossroads Care in Greater Manchester
Thicketford Centre
Thicketford Rd
Bolton
BL2 2LW

TITLE:

FORENAME (S):

SURNAME:

ADDRESS:

POSTCODE:

HOME TELEPHONE:

MOBILE TELEPHONE:

WORK TELEPHONE:

EMAIL ADDRESS:

STATEMENT IN SUPPORT OF YOUR APPLICATION

Please tell us about what particular skills and abilities you will bring to our board?

What do you think are the major issues facing Crossroads Care over the next few years?

Why are you seeking appointment to the Board?

(Please continue on a separate sheet if necessary)

CONFLICT OF INTEREST

Under our regulatory code of governance all prospective board members are required to declare any possible conflict of interest.

Are you related to any member of staff, board, service user or persons engaged in supplying or delivering services to or on behalf of Crossroads Care in Greater Manchester?

YES

NO

If YES, please provide details

CRIMINAL CONVICTIONS

You will be required to inform us if you have ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974.

A criminal incident from an applicants past, will not automatically lead to the rejection of that applicant. We will assess whether the nature of the incident poses an unacceptable risk in relation to the position and the situation in which you would be working.

We reserve the right to withdraw an offer to join our board on these grounds.

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1997?

YES

NO

If YES, please provide details

DECLARATION

To the best of my knowledge, the information I have supplied on this form is correct. I understand that giving false or misleading information or omitting relevant information could disqualify my application which, if I am appointed, could lead to my dismissal.

Signed:

Date:

All personnel data will be processed, held and stored in accordance with the Data Protection Act 1998.

EQUAL OPPORTUNITIES MONITORING FORM

This sheet will be detached from your application form on receipt and will be kept separately.

TITLE OF POST: Trustee

| | | | | |
|---|--|--------------------------|--|--------------------------|
| 1 | How would you describe your ethnicity? | | | |
| | White | | Asian or Asian British | |
| | British | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| | Irish | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| | Any other white background (<i>please specify:</i>) | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| | | | Any other Asian background (<i>please specify:</i>) | <input type="checkbox"/> |
| | Black or Black British | | Mixed | |
| | African | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| | Caribbean | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| | Any other black background (<i>please specify:</i>) | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> |
| | | | Any other mixed background (<i>please specify:</i>) | <input type="checkbox"/> |
| | Chinese | | Other ethnic group | |
| | Chinese | <input type="checkbox"/> | Other ethnic group (<i>please specify:</i>) | <input type="checkbox"/> |
| | If you would like to further describe your ethnicity, please do so here: | | | |
| | | | | |

| | | | | |
|---|-------------------------------------|--------------------------|---------------|--------------------------|
| 2 | Which age category do you fit into? | | | |
| | 18 - 24 years | <input type="checkbox"/> | 49 - 56 years | <input type="checkbox"/> |
| | 25 - 33 years | <input type="checkbox"/> | 57 - 65 years | <input type="checkbox"/> |
| | 34 - 40 years | <input type="checkbox"/> | 66 - 70 years | <input type="checkbox"/> |
| | 41 - 48 years | <input type="checkbox"/> | Over 70 years | <input type="checkbox"/> |
| | | | | |

| | | | | |
|---|--|--------------------------|--|--------------------------|
| 3 | Are you male or female? | | | |
| | Male | <input type="checkbox"/> | | Female |
| | | | | <input type="checkbox"/> |
| 4 | Do you consider yourself to be a person with a disability? This includes people with long term health conditions. If you tell us you have a disability we will make reasonable adjustments to where you work and to your work arrangements and at interview. | | | |
| | Yes | <input type="checkbox"/> | | No |
| | | | | <input type="checkbox"/> |
| 5 | Are you a carer? "A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability." | | | |
| | Yes | <input type="checkbox"/> | | No |
| | | | | <input type="checkbox"/> |

Please tell us how you heard about the volunteer role you are applying for so we can find out how good our advertising is

Newspaper (which one)
 Web site (which one)

Other (please give details)