

c/o Thrive Women’s Aid,

18 Talbot Road, Port Talbot SA13 1DN

Tel: 01639 894864

lizd@thrivewa.org.uk

**Application Form**

**Board Member**

**Private and Confidential**

Thank you for considering a role as a Director of Thrive Group Wales. In order for us to establish the skills and attributes you are able to offer the board, could I ask you to complete the following application form and return to Kate Purchase.

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| **Personal Details** |
| Family Name: | Forename(s): |
| Preferred title (eg Mr/Mrs/Miss/Ms/Dr/Other): |
| Address:Post Code:  |
| Telephone numbers | Mobile:  |
| Personal email: |
| Do you have a current CV? (If yes please attach)  |

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| **Personal Profile** |
| What excites you about the role of board member at Thrive Group Wales? |
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| Please describe any skills and attributes you have that would be valuable to the board of Thrive Group Wales: |
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| Do you have any skills/experience in any of the following (Please mark “S” for skill or “E” for experience) |
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|  |  | Finance  |  |
| Human Resources /People Management |  | Business start-up(s) or management/leadership in the commercial sector |  |
| Business Development |  | Strategic IT |  |
| Working in / managing the childcare sector |  | Registered Individual |  |
| Marketing and Communications |  |  Catering / Hospitality Management |  |

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| **Personal Profile** |
| Are there any other specialisms within the role that you would particularly like to offer to Thrive Group Wales? |
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| **Experience / Background** |
| Please provide details of your relevant experience and background.  |
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| **Availability** |
| Please confirm that you would be available to attend board members and contribute sufficient time to the role. Do you have any limitations on your time?Note: Meetings are planned every 2 months at present.  |
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| Are there any times that you are not available (e.g. commitments, school holidays etc)? |
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| Do you have previous experience of sitting on a Board? Yes / No (if yes, please give details) |
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| Referees |
| Please give the names and addresses of two people, other than your family, who have known you for more than 12 months and who can tell us about you.  |
| Name:  | Name:  |
| Job Title:  | Job Title:  |
| Name of Organisation (if applicable):  | Name of Organisation (if applicable): |
| Address:  | Address: |
| Tel No:  | Tel No:  |
| How long have you know this person and in what capacity?. | How long have you know this person and in what capacity? |

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| **Conflict of Interest** |
| Do you have any potential conflict(s) of interest to declare? (For example are you related to, or have a close friendship with, anyone currently employed by Thrive Group Wales? Do you work for any company that currently provides good or services to Thrive Group Wales? |
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| **Special Requirements** |
| Do you have any specific needs or requirements you would like us to take into account either at interview or if we offer you a role on the board of Thrive Group Wales? |
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| **Declaration** |
| **Data Protection Act 1998**:**As part of the recruitment procedure we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for up to a year after the date on which it is submitted. Any information of this nature will be treated confidentially.** I declare the information given on this form is correct to the best of my knowledge and acknowledge that by signing this form I have given my consent to sensitive personal information being recorded and stored on both manual and computer files.Signed: Date: Name:  |
| **Member Declaration of Eligibility** |
| I declare that:* I am over age 18
* I am not an undischarged bankrupt
* I have not previously been removed from trusteeship of a charity 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 the light of the above, not disqualified by the Charities Act 1993 (section 72) from acting as a charity trustee

Signed: Date: Name:  |

**Please return the application form to:**

**katep@thrivewa.org.uk**