**Application Form:**

**Voluntary Board of Trustee Membership.**

***Please complete in full & return this Application, Declaration and Equal Opportunities Monitoring Form to:***

 **volunteer@metrocharity.org.uk**

**Personal Details**

|  |  |
| --- | --- |
| **First Name** |  |
| **Second name** |  |
| **Other** |  |
| **Home address 1** |  |
|  **2**  |  |
|  **3** |  |
| **Post code:** |  |
| **Telephone contact 1** |  |
| **Telephone contact 2** |  |
| **Email address 1** |  |
| **Email address 2** |  |

**1. Current or most recent paid employment:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Employers name/add*** | ***Position held*** | ***Brief list of duties*** | ***Start date*** |
|  |  |  |  |

**2. Previous employment and volunteer experience (please list most recent first and continue on a separate sheet of paper if necessary).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name of employer & dates worked*** | ***Address*** | ***Position held*** | ***Brief list of Duties*** | ***Reason for leaving*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***3. Education and Training - Please list any relevant qualifications and courses attended. Please include details of any useful training undertaken.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of course/ Qualification** | **Content**  | **Where obtained**  | **Duration** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***4. Please state your reasons for wanting to become a member of METRO’s Board of Trustees and what you feel you could gain?***

*(Please continue on a separate sheet if necessary.)*

***5. Skills Assessment Questionnaire***

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| --- |
| **METRO recruits Trustees on the basis of skills and experience*. Please tick as many as apply to you.*****The number of boxes ticked is not important in itself, but offers us an overview of the skills and experience you have.** |
| **Personal Qualities** | **Finance & Fundraising:** |
| Experience of working in teams |  | Budgets & financial control |  |
| Positive pro-active approach to life/work |  | Preparation/understanding of financial information |  |
| Responsible/accountable |  | Accounting procedure |  |
|  |  | Experience of fundraising |  |
| **Strategic Development:** |
| **Knowledge/Understanding of:** | Monitoring & evaluation |  |
| Creation of business plans |  |
| LGBTQ community |  | Consultation & needs analysis |  |
| Women’s issues |  | Creation of policy, quality standards and systems |  |
| Ethnic minorities |  | **Governance:** |
| People living with HIV/AIDS |  | Defining targets & setting goals |  |
| Young / older peoplePeople with disabilities |  | Experience of organisational management |  |
| Mental health work |  | Knowledge of voluntary sector |  |
| Other (please mention in Q7) |  | Problem Solving  |  |
| **Human Resources:** | Knowledge of Company & or Charity law |  |
| Recruitment & Selection |  | **Other** |
| Staff Development |  | Practical skills ( IT, design, complimentary therapies, DIY ) - please detail in Q7 |  |
| Supervision & Appraisal |  |
| Employment law |  |  |  |
| Training & team building |  | Knowledge of the law |  |
| Grievance/Disciplinary |  | Marketing & publicity |  |

*(Please continue on a separate sheet if necessary.)*

|  |
| --- |
| ***6. Any Other Information Please add any other relevant information in support of your application.***  |

# *REFEREES:*

**Please give the names, addresses, contact phone numbers and email, for two referees. Your application form will not be processed until we have received two satisfactory references**. ***Please let your referees know to expect correspondence from us.***

|  |  |  |  |
| --- | --- | --- | --- |
| ***1. First name*** |  | ***2. First name*** |  |
| ***Second name*** |  | ***Second name*** |  |
| ***Address******Post code*** |  | ***Address******Post code*** |  |
| ***Telephone***  |  | ***Telephone***  |  |
| ***Email***  |  | ***Email***  |  |
| ***Relationship*** ***to you*** |  | ***Relationship*** ***to you*** |  |
| **Volunteer declaration:****I confirm that the information given in this application is complete and accurate.****I understand that if I am accepted as a volunteer BoT member it is based on this application form and subsequent interviews. I understand that if significant information in this form is found to be incorrect during recruitment or after acceptance my volunteering at METRO can be terminated.****I understand that this is a voluntary position and acceptance as a BoT member in no way implies employment by METRO.****Name: …………………………… Signature:………………………………….** **Date:……………………………** |