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|  |  | Carers Leeds |
|  | 6 - 8 The Headrow |
|  | Leeds LS1 6PT |
|  | Tel: 0113 246 8338  www.carersleeds.org.uk |
| Carers Leeds celebrates diversity and is a LGBTQ friendly organisation. We welcome applications from all sections of the community.  **Trustee application form** | | |

Any information given on this form is confidential and covered by the General Data Protection Regulation.

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| **Part 1 – Personal information** | | | |
| **Preferred title** | Miss/Ms/Mrs/Mr | | |
| **Name** |  | | |
| **Surname** |  | | |
| **Address** |  | | |
| **Postcode** |  | | |
| **Contact phone number** |  | | |
| **Email address** |  | | |
| **Employment status** |  | | |
| **Are you an unpaid carer?** | Yes / No | **If no, have you been an unpaid carer?** | Yes / No |
| **Part 2 – What are your reasons and motivations for applying to be a trustee at Carers Leeds?** | | | |
|  | | | |
| **Part 3 – What are your skills, experience and qualities which you think will help you to be an effective trustee at Carers Leeds (please see the job description in the trustee pack)?** | | | |
|  | | | |
| **Part 4 – Please confirm your availability for the Trustee role and any factors which we should be aware of.** | | | |
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| **Part 5 – References** | | | |
| Please give the details of two people who we can approach for a character reference. They should not be a relative and should have known you for at least two years. | | | |
| Title Miss/Ms/Mrs/Mr | | Title Miss/Ms/Mrs/Mr | |
| Name | | Name | |
| Surname | | Surname | |
| Address | | Address | |
| Tel. no. | | Tel. no. | |
| Email | | Email | |
| Occupation | | Occupation | |
| How do you know this person? | | How do you know this person? | |
| When did you last have contact with this person? | | When did you last have contact with this person? | |
|  | | | |
| **Part 6 – Support and health needs** | | | |
| Do you have any special requirements for you to be able to attend an interview? | | | |
|  | | | |
| **Part 7 – Declaration** | | | |
| I confirm that the information I have given is correct and complete and that any false statements or omissions may result in my services to be terminated. | | | |
| **Signed:** | | **Date:** | |
|  | | | |
| **Part 8 – How did you hear about the trustee role** (Please cross all that apply) | | | |
| Through Carers Leeds |  | Internet |  |
| Volunteer Centre |  | Social Media |  |
| Event |  | Word of mouth |  |
| Other – please give details | | |  |
|  | | | |
| **Part 9 – Return your completed application form** | | | |
| Thank you for taking the time to complete this form.  Please return your completed and signed form toKim Goulden, [kim.goulden@carersleeds.org.uk](mailto:kim.goulden@carersleeds.org.uk). | | | |

**This form will be destroyed if your application is not successful.**