

## TRUSTEE APPLICATION/NOMINATION FORM

## 1. APPLICANT DETAILS

Title	Surname	First Name		
Home address		Contact Telephone Numbers		
		Mobile:		
		Home:		
		Work:		
E-mail a	ddress:			
	<u> </u>			
Please to	ell us your reason(s) for interest	in joining the Sobus Board of Trustees		
DI				
	eii us now many days per annun s per annum)	n you can commit to this role (our ideal is a minimum		
2. RELE	VANT EMPLOYMENT AND/OR V	OLUNTEERING EXPERIENCE		
	·			
Please to experier	-	t recent and relevant employment or volunteering		
Name of employer/organisation:				
Location	:			
Role:				
Period o	f Involvement:			
Brief description of role, responsibilities and any relevant achievements:				
Please tell us about your experience of volunteering or delivering services for the benefit of the residents of Hammersmith & Fulham, whether in a current or a previous role?				

## 3. TRUSTEE EXPERTISE & SKILLS

Please tell us about your experience of being a Trustee or Company Director.				
Please indicate the specific skills, expertise or knowledge you would bring to Sobus's Board of				
Trustees. (Please tick one or more boxes and provide details below)				
Marketing and communications				
Business & Financial Strategy				
Human Resources				
Knowledge of Communities in Hammersmith & Fulham				
Fundraising				
Premises/property management				
Legal				
Other				
Comments:				
Supporting Statement: Please describe how your skills and experience make you a suitable candidate (with reference to the Person Specification) for the role				
4. REFERENCES				

Please provide contact details for two people who can comment on your ability to act as a Sobus Trustee. We will only contact referees if you join the Board.

Name (1)	
Relationship to you	
Preferred contact details:	
Mailing Address, Email or	
Telephone contact	
Name (2)	
Relationship to you	

Preferred contact details					
Mailing Address, Email or					
Telephone contact					
5. DATA PROTECTION					
only be used in Sobus's re those who need to see it personnel record of succe	ta Protection Act 2018, the information you provide of cruitment and selection process and may only be disclor this purpose only. It will also form the basis of the ssful candidates. In addition, the information provided nonitoring purposes. In the case of unsuccessful candidater six months.	losed to all confidential d will be held on			
I confirm that I do not object to the information collected on this form being transferred onto computer for the purpose of anonymous statistical reporting, in accordance with statutory requirements and for the basis of compiling correspondence.					
6. DECLARATION OF ELI	NOU ITV				
and that (please tick, or l	squalified from holding a position as a charity trustee eave blank) spent conviction relating to any offence involving deceptio				
	charged bankrupt nor have I made a composition or an	rrangement with,			
-	o a disqualification order under the Company Director ct 1986 or to an order made under section 429(b) of tl				
Order made by the misconduct or made Reform (Miscella	emoved from the office of charity trustee or trustee for e Charity Commissioners or the High Court on the gro smanagement nor am I subject to an order under sect neous Provisions) (Scotland) Act 1990, preventing me f management or control of any relevant organisation of	unds of any ion 7 of the Law from being			
1					
I am not subject 2000	o a disqualification order under the Criminal Justice ar	nd Court Services			

If you are invited f be aware of?	or an interview, do you have any access needs that we need to	Yes / No
If yes, please provi	de details:	
The information su knowledge.	upplied in this application form is true and accurate to the best of	<sup>f</sup> my
Signature		
Date		