

LEATHERHEAD START

Please complete this form in **BLACK INK OR TYPESCRIPT** and e mail to
Angela Carter at manager@leatherheadstart.org

APPLICATION FOR THE POST OF BOARD MEMBER (VOLUNTARY)

PERSONAL DETAILS:

Name _____

Address _____

Home Tel No _____ Work Tel No _____

E-mail: _____ Mobile No. _____

PRESENT EMPLOYMENT:

Job Title _____ Date started _____

Employer's Name and Address _____

Description of responsibilities:

PREVIOUS EMPLOYMENT (starting with most recent)

Starting and Leaving date	Name and address of organisation	Job title and brief description of duties
		<p>Continue on separate sheet of paper if necessary</p>

RELEVANT EXPERIENCE

Please can you tell us how you think your experience, either at work or in other areas of your life, is relevant to the skills/experience/competences in the **Person Specification** for this post.

Why are you interested in serving on the Board of Trustees? What particular skills do you think you can contribute (and why)?

Continue on separate sheet of paper if necessary

DISABILITY:

(Any information supplied in this section will be used to ensure we comply with the requirements of the Disability Discrimination Act, which we take seriously)

Do you have a disability? YES/NO

If "YES", please give details:

If you have a disability, are there any particular arrangements that LHS could make on your behalf to enable you to attend the interview, and to help you to do the role if appointed?

REHABILITATION OF OFFENDERS ACT 1994

Have you ever been convicted of a criminal offence? YES/NO

If "YES", please give details:

REFERENCES:

We will require two references from people that you have worked with, either in a voluntary or a paid capacity, and who would be in a position to comment on your ability to meet the requirements of the role description and person specification for Board Member. Personal references i.e. relatives or friends will not be accepted. In certain circumstance we may need to contact additional ex-employers that you have cited on the form..

1. FIRST REFEREE

Name _____

Address _____

Tel No _____

In what capacity do you know him/her? _____

2. SECOND REFEREE

Name _____

Address _____

Tel No _____

In what capacity do you know him/her? _____

DECLARATION OF INTERESTS

(1) Are you a close relative of any existing HSA employee or member of LHS's Board of Management?
YES / NO

(2) Do you have any direct or indirect financial or personal interests related to LHS or its work? (E.g. are you a tenant or client of LHS; do you have a financial interest in any partnership, company or organisation which sells goods or services to LHS?): **YES / NO**

DECLARATION:

I declare that the information given on this form is correct to the best of my knowledge.

Signed _____

Date _____

LHS

DIVERSITY & EQUAL OPPORTUNITIES POLICY

LHS has an absolute commitment to diversity which is about:

- Recognising and valuing difference
- Recognising and seeking to redress inequality and disadvantage

Our commitment is firmly founded on our belief that:

- To offer services that are personal and adaptable we need a diverse staff team who can respond to our clients as individuals.
- To attract, keep and motivate the most talented staff, we need to:
 - reach out to all sections of the community
 - provide a working environment in which everyone feels valued, respected and able to contribute

In order to make our commitment a reality, we have a clear strategy, policy and plans of action to promote diversity at LHS. In order to help us make our strategy effective, we ask that you assist us to monitor the outcomes of our recruitment practices by completing this form. **This form is for statistical purposes only. It will be separated from your application forms as soon as it is received and will be kept confidential.** Your form will not be seen by the recruitment panel, and will not be taken into account in deciding who will be shortlisted, interviewed or appointed. Completion of any or all of the questions is not a requirement for the application, but we would appreciate your co-operation.

By completing and returning the monitoring form which follows, you consent to LHS processing this information for general monitoring purposes in line with diversity and equal opportunities policy. If you are employed, the information will be kept and used for regular internal monitoring of the diversity of LHS's staff profile against our targets.

DIVERSITY AND EQUALITY MONITORING FORM

1. Please tick the description which you feel is the most appropriate of your ethnic origin (please choose ONE section from A to F. Then tick the most appropriate box (one box only))

<p>A White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p><input type="checkbox"/> Other (please write in) _____</p>	<p>C Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other (please write in) _____</p>	<p>E Chinese</p> <p>Chinese <input type="checkbox"/></p> <p>Other _____ (please write in)</p>
<p>B Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Other (please write in) _____</p>	<p>D Black or Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other (please write in) _____</p>	<p>F Any Other</p> <p>Background</p> <p>Any other background <input type="checkbox"/> (please write in) _____</p>

2. Please indicate your sex: Male Female

3. Do you identify as:

- Judaism
- Lesbian/Gay

4. Which, of the following, if any is your religion:

- Baha'i

Heterosexual

Rastafarianism

Bisexual

Other

Zoroastrianism (Parsi)

Don't wish to state

(Please specify)

Buddhism

Christianity

Sikhism

Hinduism

Islam (Muslim)

Other

Jainism

Don't wish to state

5. Do you have a disability? Yes No

6. What is your age (at last birthday) _____

7. What post have you applied for?

8. How did you find out about the vacancy?

9. What is your name?
