

**TRUSTEE APPLICATION FORM**

To be considered as a Trustee for Active Fusion, please complete this form and return via email to:

[lindsy@activefusion.org.uk](mailto:lindsy@activefusion.org.uk)

**SECTION 1 – PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Telephone number | Mobile:  Landline: |
| Email |  |
| Are you over 18 years of age?  (Please circle) | Yes or No  Please note Trustees must be over 18 years of age |

**SECTION 2- EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| Current occupation and Job Title |  |
| Name of company or organisation |  |
| How long have you been employed by above? | Start date:  End date: |

If you have been employed by the above for less than 3 years, please provide the following information.

|  |  |
| --- | --- |
| Previous occupation & title |  |
| Name of company or organisation |  |
| How long were you employed in this role? | **Start date:**  **End date:** |

**SECTION 3 – REASONING**

In 500 words or less please explain why you would like to become a trustee for Active Fusion. In particular, we would like to understand:

* What has motivated you to become a trustee?
* What difference you anticipate being able to make as a trustee?

*Please free type into the box below, it will expand as you type.*

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| --- |
|  |

**SECTION 4 – BROADER INFORMATION**

*Please free type answers into the boxes below, it will expand as you type.*

|  |
| --- |
| **Are you or have you been a Trustee of a registered charity before? If so, please prov ide further details below.** |
|  |
| **What local, regional and national bodies do you have associations with?** |
|  |
| **Do you have any other experience that you think it would be useful for us to know about?** |
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**SECTION 5: REFERENCES**

Please provide the details for 2 references.

References will only be taken up if you are offered a position onto the board.

1. First Referee (Professional)

|  |  |  |
| --- | --- | --- |
| Referees name and title |  | |
| Business/Company name  and address |  | |
| Telephone number: | Mobile: | Work: |
| Email: |  | |
| Occupation: |  | |
| Relationship to you: |  | |

2. Second referee (character reference)

|  |  |  |
| --- | --- | --- |
| Referees name and title |  | |
| Business/Company name  and address |  | |
| Telephone number: | Mobile: | Work: |
| Email: |  | |
| Occupation: |  | |
| Relationship to you: |  | |

**INTERVIEW ARRANGEMENTS**

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| --- |
| In the event of you being offered an interview, are there any adjustments to the interview arrangements that you would require? If so, please detail them below. |
|  |

**APPLICANTS DECLARATION & SIGNATURE:**

I declare that the information I have given in this application form is true and accurate to the best of my knowledge and belief.

I understand that I will be required to complete a DBS (Disclosure and Barring Service) check. For further information please visit this link: [DBS checks: detailed guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/dbs-checking-service-guidance--2)

I understand that Active Fusion will process the information contained in this application form in order to assess my suitability for employment, and that this will be done in accordance with the General Data Protection Regulations and the Data Protection Regulations 2018.

|  |  |
| --- | --- |
| Signed: | Date: |

Please return the completed application via email to: **lindsy@activefusion.org.uk**