TRUSTEE APPLICATION FORM

BEFORE COMPLETING THIS FORM PLEASE READ THE TRUSTEE CODE OF CONDUCT AND ROLE DESCRIPTIONAll data will be held in the strictest of confidence in compliance with the Protection Act 1998 and the General Data Protection Regulation 2016.

PERSONAL DETAILS

Title:		Forename:		
Surname:				
Address: (including postcode)				
Email:				
Preferred (Contact Number:			
	ain why you would		the position of Trustee at the Chrysalis Centre for Ch	nange
Please des	cribe below your u	nderstanding of	the duties and liabilities of being a Trustee	

RELEVANT EXPERTISE

The Board of Trustees as a whole would ideally possess the skills listed below. Individual candidates are not expected to possess all of these skills but rather be able demonstrate expertise in at least one.

Please mark the expertise you possess at the level you consider your knowledge or experience of those to be (1 = a little knowledge or experience, 5 = very knowledgeable or experienced)

Skill	1	2	3	4	5
Awareness of women's Mental Health issues					
Business development/planning					
Conflict resolution					
Domestic Abuse Awareness					
Equality & Diversity					
Financial Management					
Fundraising					
Governance					
ІСТ					
Legal issues affecting Charities/Employment Law					
Personal Development					
Policy Development					
Public & Media Relations / Communication / Marketing					
Quality assurance					
Risk Management					
Serving the public interest					
Setting targets, monitoring and evaluating performance					
Strategic Planning					
Team development					
Voluntary sector					

Please choose 2 skills from the previous list and give an example of your knowledge/experience in these areas to demonstrate what you can bring to the Board of Trustees at CCC

Skill 1 Example:			
Skill 2 Example:			
EMPLOYMENT/VO	LUNTARY HISTORY		
Please list below previous		itions or attach a cu	rrent CV

Please describe below your understanding of the work undertaken at the Chrysalis Centre for Change
Polations with Staff & Voluntaars: Plaase describe helpy your understanding of the importance of
Relations with Staff & Volunteers: Please describe below your understanding of the importance of Trustees developing open working relationships with staff and volunteers who deliver the services at CCC
Trustees developing open working relationships with starr and volunteers who deliver the services at eee
Relations with Service Users: Please describe below your understanding of the importance of Trustees
developing an understanding of, and being accessible to, CCC service users
Commitment: Please describe below your understanding of the time and commitment required of being
a Trustee and tell us about your availability for meetings (e.g. evenings only, weekends, specific days)

REFER	ENCES
Plea	se supply us with the names and contact details of two referees that we may contact
Refe	ree 1
Refe	ree 2
	DATION
JECLA	RATION
	lare that: (please delete as appropriate):
•	I am / am not an undischarged bankrupt

- I have / have not previously been removed from Trusteeship of a Charity by a Court or the Charity Commission
- I am / am not under a disqualification order under the Company Directors' Disqualification Act
- I have / have not been convicted of an offence involving deception or dishonesty (unless the conviction is spent)
- I am / am not in the light of the above disqualified by the Charities Act 1993 (Section 72) from acting as a Charity Trustee.

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information my application may be disqualified or, if I have already been appointment that appointment may be revoked.

Signed:	Date:

Thank you for completing this application form and for your interest in becoming a Trustee of the Chrysalis Centre for Change (CCC).

Please return this application form by post to:

Chairperson, Chrysalis Centre for Change, Peter Street Community St. Helens, Merseyside WA10 2EQ

Or email: chrysaliscentreforchange@gmail.com

EQUAL OPPORTUNITY MONITORING

Chrysalis Centre for Change (CCC) is an equal opportunity organisation. **CCC** want to ensure that no applicant receives less favourable treatment on the grounds of race, colour, nationality, marital status, sexuality, age, trades union activity, disability, political or religious belief, or is disadvantaged by conditions or requirements which cannot reasonably be shown to be justifiable.

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Monitoring: Trustee Applicant's Form In order to ensure the successful development of this policy in relation to recruitment and selection, all applicants are requested to fill in the appropriate details as shown below.				
The information you supply will be treated as strictly confidential and will only be used for monitoring purposes. Copies will not be available to the interview panel.				
 1. Please indicate your ethnic origin (Please tick the appropriate box.) White: British □ Irish □ Any other White background □ 				
Mixed: White & Black Caribbean □ White & Black African □ White & Asian □ Any other mixed background □				
Asian or Asian British: Indian □ Pakistani □ Bangladeshi □ Other Asian background □				
Black or Black British: Caribbean ☐ African ☐ Any other Black background ☐				
Chinese or other ethnic group Chinese Other				
Prefer not to say				
2. Please state your marital status (Please tick the appropriate box.) Married □ Single □ Civil / Live-In Partner □ Divorced □ Widowed □ Prefer not to say □				
3. Are you disabled? (Please tick the appropriate box.) Yes □ No □ Prefer not to say □				
4. What is your culture, belief or religion? (Please tick the appropriate box.) Atheist □ Buddhist □ Christian □ Hindu □ Jewish □ Muslim □ Sikh □ No culture, belief or religion □ Prefer not to say □				
Any other culture, belief or religion, please state:				
5 What is your sexual orientation? (Please tick the appropriate box.) Heterosexual □ Gay/Lesbian □ Bisexual □ Other □ Don't Know □ Prefer not to say □				
6 What is your gender? (Please tick the appropriate box.) Male □ Female □ Other □ Don't Know □ Prefer Not to Say □				
Have you ever identified as transgender? Yes □ No □				