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| **Text  Description automatically generated**  **Trustee Application Form**  **Guidance Notes**   * It is a requirement to be aged 18 years or over to be a Trustee with Suffolk Rape Crisis. * All Trustees must be willing to undertake an Enhanced Disclosure and Barring Service (DBS) check; however, this does not preclude anyone from applying. * All Trustees must be committed to working in an anti-oppressive way. * We only accept women Trustees in accordance with the Equality Act 1990, Schedule 9, Part 1.   Please complete the attached Trustee application form and equal opportunities monitoring form – Please do not submit CV’s  **THANK YOU FOR YOUR INTEREST IN JOINING SUFFOLK RAPE CRISIS**  Date Application Received……………………………………………………………Office Use Only  Date Application Actioned ……………………………………………………………Office Use Only  **Confidential - when completed**  **Trustee Application Form** |
| Name ………………………………………………………………………………………………………………  Address ……………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………  Date of birth ……./……./….…  Home Tel No ………………………… Mobile No …………………………Work No ……………………..  Email Address …………………………………………………………………………………………………… | |

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| Please tell us why you would like to become a Trustee for Suffolk Rape Crisis? |
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| Suffolk Rape Crisis is a feminist organisation. Describe what feminism means to you and why it is important for the women and girls we support. |
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| Please give details of any education or training undertaken (include fluency in other languages): |
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| What skills and experience do you have that are relevant to this role? |
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| Please give details of any volunteering experience you have already undertaken, if any? |
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| Do you have any disability or access requirements that we should be aware of? |
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Please give the details of two referees, one of which should be of a formal nature (they must have known you for a minimum of 2yrs - We will only contact them if you are offered a position)

Referee 1:

Name ………………………………………………

Address…………………………………………….

………………………………………………………

………………………………………………………

Tel ………………………………………………….

Email ……………………………………………….

How is this person known to you?

………………………………………………………………………………….

Referee 2:

Name ………………………………………………

Address…………………………………………….

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Tel ………………………………………………….

Email ……………………………………………….

How is this person known to you?

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By virtue of the Rehabilitation of Offenders (sections) Orders 1975 and (Northern Ireland) 1979, because of the nature of the voluntary work for which you are applying, this work is exempt from the provisions of the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders (Northern Ireland) Order 1978. Accordingly you are not entitled to withhold information about convictions that would otherwise be considered as spent under the provisions of these orders.

It should be noted that convictions do **not** necessarily debar applicants.

Have you ever been convicted of any criminal offences?

Yes / No (delete as appropriate)

If yes, please give details:

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| **DECLARATION:**  **I declare that:**   * I am over 18 years of age. * I am not an undischarged bankrupt. * I have not previously been removed from trusteeship of a charity by a court or the Charity Commission. * I am not under a disqualified order under the Company Director’s Disqualification Act 1986. * I am, in light of the above, not disqualified by the charities Act 1993 (Section 72) from acting as a charity Trustee. * I do not have any financial interests in conflict with those of Suffolk Rape Crisis (either in person or through family or business connections).   I certify that the information contained in this application form is correct. I understand that falsification of the information provided on this form may result in a disqualification or dismissal.  Signature: Date: |

We will be in touch with you soon.