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# TRUSTEE FORM

Please complete all sections of this form, if you are completing this form electronically you may edit the layout as long as all the information requested is given and clearly set out. You should show your suitability for this job in line with the information provided in the job description and person specification, you may use additional sheets if required.

PERSONAL DETAILS

|  |  |
| --- | --- |
| **Surname:** | **Preferred Title:** |
| **Forenames:** | **Email address:** |
| **Date of Birth:** | **Gender:** |
| **Address & Postcode:** |  |
| **Do you hold a full clean driving licence valid in the UK?**  Yes No  |
| Tel. No. (Home):   | **Tel. No. (Mobile):** |

CRIMINAL CONVICTIONS (Rehabilitation of offenders act 1974)

All convictions, including ‘spent convictions’ must be disclosed for the purpose of this job application.

Have you ever been convicted of a criminal offence or do you have any pending criminal charges?

 Yes No

If yes, please submit details in a sealed envelope with your application, only relevant convictions will be taken into account, therefore disclosure need not necessarily be a bar to obtaining this position. In the event of a successful application you may be required to undergo a Disclosure and Barring Service (DBS) Enhanced Disclosure check.

Are you happy for us to undertake a DBS check?

 Yes No

RELEVANT TRAINING AND QUALIFICATIONS FOR THE SERVICE PROVIDED:

 (If provided on separate sheet please state this)

|  |  |
| --- | --- |
| **Training Course**  | **Date Obtained** |
|  |  |

EMPLOYMENT HISTORY

1. Current / most recent employer / organisation

|  |
| --- |
| **Name of employer:** |
| **Address:** |
| **Position held:** | **From:** | **To:** |
| **Brief description of duties:** |

|  |
| --- |
| **Supporting Statement & Additional Information***include any relevant skills, experience and training*  |
|  |

Do you have experience of suicide bereavement?

 Yes No

Are you ASIST trained?

 Yes No

Are you PABBS trained?

 Yes No

Do you consent to your photograph being used on social media, the website and newsletters?

 Yes No

Will adhere to our Safeguarding and Confidentiality Policy?

 Yes No

Have you completed a conflict of interest form?

 Yes No

If there is any information which you feel you need to disclose which may impact or cause potential risk to the charity or its reputation, please give details below:

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References

Please give details (including email address) of referees

|  |  |
| --- | --- |
| **1. Name:** | **2. Name:** |
| **Position:** | **Position:** |
| **Organisation:**  | **Organisation:**  |
| **Address:****Email:** | **Address:****Email:** |
| **Tel. No.** | **Tel. No.** |
| **Capacity in which known by you:** | **Capacity in which known by you:** |
| **May we contact this referee?** **Yes No**  | **May we contact this referee?** **Yes No**  |

I consent to the information provided on my independent worker form being stored on a manual and/or computerised filing system in accordance with the GDPR

By signing and returning this application form you consent to Sunflowers using and retaining information about you provided by you – or third parties such as referees – relating to your independent work. All individuals have the right of access, rectification, the right to object and the right of erasure as well as the right to restrict processing.

**DECLARATION**

I confirm that to the best of my knowledge the information I have provided on this form is true and accurate.

SIGNED DATE

Please type or use black ink and return to: Sunflowers Suicide Support, Suite 4 The Counting House, Bonds Mill, Stonehouse, GL10 3RF or email to info@sunflowerssuicidesupport.org.uk

Thank you for completing the form.