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 **SUPPORTING THOSE AFFECTED BY SUICIDE**

**MANGAMENT COMMITTEE/VOLUNTEER APPLICATION FORM**

Please take time to read the role descriptions, person specification provided.

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| **Surname:** |  |
| **First Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
|  |  |
| **Home Tel No:** |  |
| **Mobile Tel No:** |  |
| **Email address:** |  |

When completing the application form, if using a computer please use font size 12; if handwriting the application please use black ink and legible writing.

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| **SECTION 1: BACKGROUND** |
| **1. Employment History** |
| Please set out your employment experience over the past 10 years, giving details of dates, your employer and a brief outline of your role and responsibilities.***Note:*** If paid work experience is not relevant then please tell us about any volunteer roles. |
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| **2. Knowledge and experience of the voluntary, community and social enterprise sector** |
| Please provide information with dates (maximum of 350 words) of any previous/current experience of involvement with voluntary, community and social enterprise organisations. |
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| 1. **Good leadership skills** (maximum of 350 words)
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| 1. **Good communication and interpersonal skills** (maximum of 350 words)
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| 1. **Understanding of the roles/responsibilities of a Trustee Board** (maximum of 350 words)
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| 1. **Experience of organisational and people management** (maximum of 350 words)
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**Please note** if you are selected for interview you will be asked to provide two referees who can comment on your suitability with regard to the role you are applying for.

I confirm that the information contained in this application is correct.

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| **Signature:** |  |  | **Date:** |  |

Once completed please return this form to: SURVIVORS OF SUICIDE AT

eastbelfastsos@gmail.com

 or Connswater community centre, Ballymacarrett walkway, Belfast BT4 1SX