|  |  |
| --- | --- |
| **ROLE:** | **Board Member**  |
| **CLOSING DATE:** | **4.00pm 31 May 2017** |

**GUIDELINES: All applicants are advised to read these guidelines prior to completing the Application Form.**

* Only this completed Application Form will be considered. You may, however, use continuation sheets and attach Curriculum Vitae.
* Applications must be legible.
* Time commitment for Board members is in the region of 5 hours per month.( Board Meetings may be held at lunchtime or late afternoon)
* Return by email to hrteam@extra-care.org or by post/hand delivery to the HR Department, Extra Care, Lucas Exchange, 1 Orchard Way, Greystone Road, Antrim, BT41 2UR.

In line with equal opportunities, the first section of the Application Form containing personal information will be detached from the rest of the Application Form prior to short-listing. All applications received will be treated in the strictest confidence.

**Application Form for Voluntary Role**

**Name:**

**Address:**

**Telephone Number:**

**Email Address:**

1. **Please detail your current or most recent employment role**

|  |
| --- |
| Employer: |
| Position held: |
| Dates of employment: |
| Brief Summary of job role: |

1. **Please detail below any voluntary work you have undertaken and any voluntary groups / organisations you are or have been a member of?**

|  |
| --- |
| Voluntary Group / Organisation: |
| Position held: |
| Dates of membership: |
| Brief Summary of your role within the group / organisation |

|  |
| --- |
| Voluntary Group / Organisation: |
| Position held: |
| Dates of membership: |
| Brief Summary of your role within the group / organisation |

1. Please detail below your experience of working at Board and/or at committee level (employment & voluntary)

|  |
| --- |
| Organisation: |
| Level: |
| Brief Summary of your role and positions held |

1. **Please detail your experience in:**

|  |
| --- |
| **Organisational Governance**  |

|  |
| --- |
| **Strategic Planning / Thinking** |

|  |
| --- |
| **Interpreting Information to make sound judgement / decision making**  |

1. **Please detail your experience in one or more of the areas below**

|  |
| --- |
| **Health & Social Care**  |
| **Financial Management**  |

|  |
| --- |
| **Marketing****IT** |

# Why are you interested in joining the Board of Extra Care?

|  |
| --- |
|  |

**Please provide the names and contact details of two people we can approach to provide an independent view of your skills and experience.**

|  |
| --- |
| Name: |
| Organisation: |
| Position held: |
| Contact details:  |
| Telephone (landline) |
| Mobile |
| E-mail  |

|  |
| --- |
| Name: |
| Organisation: |
| Position held: |
| Contact details:  |
| Telephone (landline) |
| Mobile |
| E-mail  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STRICTLY CONFIDENTIAL EQUALITY MONITORING QUESTIONNAIRE**

Extra Care is fully committed to equality of opportunity for all Staff regardless of sex, age, marital status, disability, race, colour, ethnic or national origin, religious belief, sexual orientation, gender reassignment or political opinion.

**1. To which of these ethnic groups do you consider yourself to belong?**

|  |  |  |
| --- | --- | --- |
| * White (UK/Ireland)
 | * Pakistani
 | * Chinese
 |
| * Bangladeshi
 | * Portuguese
 | * Irish Traveller
 |
| * Black
 | * Asian
 | * Polish
 |
| * Indian
 | * Other ethnic group:\_\_\_\_\_\_\_\_\_\_\_
 |  |

**2. Do you consider yourself to have a disability?**

By disability we mean any physical, sensory, mental or learning impairment that has a substantial and long-term (lasted or expected to last 12 months or more) adverse impact on your ability to carry out normal day-to-day activities, without mechanical or electronic assistance or the adaptation of your workplace.

|  |  |
| --- | --- |
| * Yes
 | * No
 |

**3. Please indicate your community background**

|  |  |
| --- | --- |
| * I have a Protestant community background
 | * I have a Roman Catholic community background
 |
| * I have neither a Protestant nor a Roman Catholic community background
 |

**4. What is your marital status?**

|  |  |  |
| --- | --- | --- |
| * Married
 | * Single (never married)
 | * Widowed
 |
| * Living with partner
 | * Divorced/separated
 |

**5. What is your age?**

I am …….. Years of age.

Date of Birth: \_\_\_/\_\_\_\_/\_\_\_\_

**6. Do you have any dependants?**

By dependants we mean whether you have primary responsibility for the care of a child (aged 16 and under), for the care of a person with a disability or for the care of an elderly person.

|  |  |
| --- | --- |
| * Yes, I do have dependants
 | * No, I do not have dependants
 |

**7. Gender**

|  |  |
| --- | --- |
| * Male
 | * Female
 |

**8.** Please indicate how you became aware of this position**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for your assistance. Access to this information will be strictly controlled. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be used for any purpose other than equal opportunities monitoring and staff profiling.**