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| --- | --- |
| **ROLE APPLIED FOR:** | **Voluntary Trustee** |
| **CLOSING DATE:** | **Thursday 22nd March 2018 no later than 5pm.** |

**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 where necessary. Please complete all sections of this application using black ink or typescript.
* Applications must be legible.
* Applications submitted by email will require a handwritten signature at interview.
* Applications must be received by the designated deadline (time and date). Those applications received after the designated deadline will not be accepted.
* Return by email to recruitment@victimsupportni.org.uk

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 Trustee Role**

**Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**CURRENT JOB ROLE AND EMPLOYER (IF RELEVANT)**

|  |
| --- |
|  |

# RELEVANT PAID OR VOLUNTARY EXPERIENCE

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| --- |
|  |

# EXPERIENCE OF BEING ON A VOLUNTARY BOARD OR MANAGEMENT COMMITTEE (ADVANTAGEOUS)

|  |
| --- |
|  |

# CAN YOU SUPPLY SPECIFIC EVIDENCE OF THESE SKILLS? (Please use a continuation sheet if necessary)

|  |
| --- |
| * **Chairing / participating in meetings**
* **Planning / thinking strategically**
* **Interpreting and using management information to inform decisions**
* **Promoting an organisation or cause**
* **Financial management**
 |

# WHY YOU ARE INTERESTED IN JOINING THE BOARD OF VSNI?

|  |
| --- |
|  |

REFEREES (two people we may approach who could provide an independent view of your relevant skills and experience)

|  |
| --- |
|  |
|  |

Signed:

Date:

**STRICTLY CONFIDENTIAL EQUALITY MONITORING QUESTIONNAIRE**

Victim Support Northern Ireland 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. Sexual orientation**

|  |  |
| --- | --- |
| * I am gay or lesbian (homosexual)
 | * Other, please specify
 |
| * I am straight (heterosexual)
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * I am bisexual
 |

**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.**