**BHN Trustee Application Form**

**PRIVATE AND CONFIDENTIAL**

Please contact BHN if you need any support completing this form

How did you learn about this role?

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**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Title: Mr/Mrs/Miss/Ms/Other |  |
| Address (inc. Postcode): |  |
|  |
|  |
|  |
| Daytime telephone: |  |
| Evening telephone: |  |
| Email address: |  |

**COMMUNITY/VOLUNTARY EXPERIENCE**

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| Please tell us about any community and/ or voluntary experience you have, including any other board or committee membership, and any leadership roles in your community, now or in the past (the box will expand as you write). |
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**PROFESSIONAL QUALIFICATIONS/RELEVANT EDUCATION**

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| Please tell us about any relevant training, education, or membership of professional bodies (the box will expand as you write). |
|  |

**PRESENT OR MOST RECENT EMPLOYMENT OR VOLUNTARY ROLE (If applicable)**

|  |  |
| --- | --- |
| Role Title: |  |
| Employer/Organisation Name: |  |
| Dates from (and to): |  |
| Location: |  |
| Nature of Business: |  |

**WORK/VOLUNTEERING/OTHER EXPERIENCE**

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| --- |
| Please outline other relevant work, volunteering, or life experience that you think will help you in this role and be useful for BHN: If it is easier for you, please attach a CV instead (box can be expanded as necessary). |
|  |

**REFUGEE SECTOR EXPERIENCE**

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| Please tell us briefly what you know about being an asylum seeker or refugee in the UK. We would like to know about your experience and interests in supporting people who are seeking asylum. |
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**ADDITIONAL RELEVANT INFORMATION**

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| Please tell us how your experience, interest and skills fulfill the BHN board member person specification (please expand the box as necessary). In your answer, please first tell us why you want to be a trustee of BHN. |

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| Are you aware of any potential conflicts of interest which would affect your role as a trustee  Yes/No (If yes, please give details). |
|  |
| Have you ever been declared bankrupt or entered into an individual voluntary agreement (IVA)? Or have you ever been banned from acting as a company director in the UK or abroad.  Yes/No • If yes, please explain |

**REHABILITATION OF OFFENDERS ACT 1974**

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| Please give details below of any convictions or charges outstanding of all offences (or alleged offences). If you inadvertently disclose a conviction, which is regarded as “spent”, it will be ignored (do not include parking offences).  *An outstanding offence will not automatically mean you are not eligible to be a trustee for BHN, but we do need to know about these to inform our decision.* |
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**DATA PROTECTION ACT 1988**

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| This information or data which you have supplied on this form will be processed and held on computer and will be used for recruitment and selection purposes only |

|  |  |
| --- | --- |
| I confirm that, to the best of my knowledge, the information contained on this form is accurate. | |
| Signature: | Date: |

**REFERENCES**

Please supply the names of two references, **we will only contact them with your permission.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Name |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address |  | |  | Address |  | |
|  | |  |  | |
|  | |  |  | |
| Postcode |  |  |  | Postcode |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Telephone |  |  | Telephone |  |
| Email |  |  | Email |  |
| Relationship |  |  | Relationship |  |

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| --- |
| **ADVERTISING RESEARCH** |
| To help us improve our recruitment process, please tell us how you heard about this role. |

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|  |

Please return this application to: [**contact@bhn.org.uk**](mailto:laurab@bhn.org.uk)