



APPLICATION FORM

We welcome your interest in joining the Board of Fife Voluntary Action.

Please complete the following details:
(If completing by hand, please use black ink and use block capitals)

Name: _____

Address: _____

E-mail: _____

Phone: _____

Mobile: _____

Preferred Contact Method: _____

Once applications have been considered, we will look to contact you as promptly as is prudent. Applications may be viewed individually and/or collectively by board members depending on recruitment constraints such as timescale.

1. Please tell us why you would like to join the Board

2. **Please describe any of your past experience or skills that will enable you to fulfil the role of Director?** (please refer to the Person Specification part of the Trustee Role Description)

**3. In what ways would you say that you fit the person specification for Board members?
Please offer examples to help illustrate this.**

4. Please provide any additional information here that you think would support your application.

5. Please list any other Boards or Committees of which you are presently a member.

6. REFERENCES

Please provide contact details of two people who may be approached for references, who know you in a capacity that would enable them to comment on your suitability for membership of the Board. We will contact them only with your agreement and at an appropriate stage in the Board recruitment process.

1) Name: _____

Address: _____

Home No. _____ Mobile No. _____

E-mail Address: _____

In what capacity, and over what period of time, has this individual known you?

2) Name: _____

Address: _____

Home No. _____ Mobile No. _____

E-mail Address: _____

In what capacity, and over what period of time, has this individual known you?

Declaration

I declare that the information given on this application is complete and correct to the best of my knowledge. (If your application is submitted electronically and you are successful in joining the board, we will ask you to sign this at a future date).

Signed _____

Print Name _____

Date _____

7 EQUAL OPPORTUNITIES MONITORING FORM

Fife Voluntary Action aims to ensure that individuals are not discriminated against on the grounds of race, colour, culture, ethnic origin, religion, gender, disability, marital status, responsibility for dependants, sexual orientation or age. In order to monitor our effectiveness of this aim, all job applicants are asked to complete this form. The information will be used for monitoring purposes only. The recruitment panel will not have access to this form.

Please complete all sections of the questionnaire below by placing a tick (✓) or by providing information where appropriate in the classification box applying to you in each section.

GENDER, SEXUAL ORIENTATION and IDENTITY

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>							
Lesbian	<input type="checkbox"/>	Homosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>			
Do you consider, or have you ever considered, yourself to be transgender?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

AGE

Under 21	<input type="checkbox"/>	22 - 34	<input type="checkbox"/>	35 - 49	<input type="checkbox"/>	50 - 64	<input type="checkbox"/>	65+	<input type="checkbox"/>
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DISABILITY

Do you have a recognised disability as outlined in the Equality Act 2010, that is, a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?

Disabled Please state what that disability is:
Not Disabled

RELIGION/BELIEF

Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	No religion	<input type="checkbox"/>	Other	<input type="checkbox"/>
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ETHNIC ORIGIN

Individuals should determine with which of the undernoted categories they most closely associate themselves having regard to their ethnic or cultural background:

White – Scottish	<input type="checkbox"/>	Asian - Indian	<input type="checkbox"/>	Black-Caribbean	<input type="checkbox"/>
White – Other British	<input type="checkbox"/>	Asian – Pakistani	<input type="checkbox"/>	Black – African	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Asian – Bangladeshi	<input type="checkbox"/>	Black – Other	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	Asian – Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>
Asian – Other	<input type="checkbox"/>				

How did you hear about the Board vacancy? _____

8. DATA PROTECTION

We take our obligations under the Data Protection Act seriously. Any data about you will be held in secure conditions with access restricted to those who need it in connection with dealing with your application and the selection process. Data may also be used for the purpose of monitoring the effectiveness of the recruitment process, but in these circumstances, all data will be kept anonymous.

Please return this application – marked Private and Confidential - by post or by hand to:

Chief Executive Officer, Fife Voluntary Action,
Craig Mitchell House, Flemington Road, Glenrothes, KY7 5QF
or, by e-mail to chiefexecutive@fifevoluntaryaction.org.uk