

Executive Board Trustee Application Form - IAPT

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| **Name:** | **Address:** |
| **Phone number:** |
| **Mobile number:** |
| **Email address:** | **Preferred method of contact:** |

**Are you currently or have you used Mind’s services in the past twelve months?**

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| Yes (please tick) | No (please tick) |
| If so, what service and when? | |

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| **Please tell us about any experience, skills or examples of work that you have that is relevant to this role:** (continue on a separate sheet if necessary) |

**Please detail any qualifications**

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| **Qualification Title and Awarding Body** | **Date Completed** |
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| **Please tell us why you want to work with Mind and what you feel you will bring to this role.** |
| **Any other information you would like us to know?** |

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| **References**  Please provide details of **two referees** that we can contact. They will be asked to comment on:   * Your ability to work sensitively with people * Your trustworthiness, honesty and reliability * Your ability to fulfil this volunteer role at Mind | | |
| **Referee 1** | | |
| Name: | Address and post code: | |
| Phone number: |
| Email address: | Relationship to you: | |
| **Referee 2** | | |
| Name: | Address and post code: | |
| Phone number: |
| Email address: | Relationship to you: | |
|  |  | |
| Declaration   |  |  | | --- | --- | | Please sign to confirm the below | Signature | | I confirm I have never been bankrupt |  | | I am not related to any paid employees of Tameside Oldham and Glossop Mind |  | | I have not been in paid employment with Tameside Oldham and Glossop Mind in the last 3 years |  |   I confirm that all details provided above are true. I also agree that the two people given as referees may be approached by Tameside, Oldham and Glossop Mind for a written reference in relation to this application.  I understand that if at a later date it transpires that any of this information is not correct, that Tameside, Oldham and Glossop Mind have the right to end my volunteering role.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Where to send this form**  **Email –** [**HR@togmind.org**](mailto:HR@togmind.org)  **Post – Tameside, Oldham and Glossop Mind, 216 – 218 Katherine Street, Ashton-under- Lyne, OL6 7AS**  **Any queries, please phone – 0161 330 9223 (our Well-being Centre)** |