

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
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| **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

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| --- | --- |
| 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****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)** |