** ABA TRUSTEE JOINING FORM**

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| **PERSONAL DETAILS** | | | | | | | |
| Last name: | | | | First name(s): | | | |
| Date of birth: | | | | Phone number: | | | |
| Address: | | | | | | | |
| Postcode: | | | | Email: | | | |
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| **REFERENCES:** | | | | | | | |
| Please give the details of two referees. One must be your present or most recent employer. | | | | | | | |
|  | | Referee one | | | | Referee two | |
| Name | |  | | | |  | |
| Contact details | |  | | | |  | |
| Capacity known | |  | | | |  | |
| Can we contact the referee prior to interview? | | Y/N | | | | Y/N | |
|  | | | | | | | |
| EMPLOYMENT DETAILS | | | | | | | |
| Are you currently employed? Y/N | | | | | | | |
| Name and Address of your current employer: | | | | | | | |
| Date appointed: | | | | | | | |
| Job title and brief description of duties: | | | | | | | |
| Reasons for leaving (if relevant): | | | | | | | |
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| VOLUNTEERING EXPERIENCES | | | | | | | |
| Please list any voluntary or other responsibilities you consider relevant: | | | | | | | |
| FROM | TO | | ORGANISATION | | | | POSITION HELD AND DUTIES |
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| EDUCATION AND PROFESSIONAL TRAINING | | | | | | | |
| FROM | TO | | EDUCATION/TRAINING ESTABLISHMENT | | | | QUALIFICATION |
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| What attracts you to be the trustee of ABA and what personal skills and experience do you have that could be especially useful? | | | | | | | |
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| OTHER INFORMATION | | | | | | | |
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| Do you have any accessible needs?  If so, please specify: | | | | | | | |
| DECLARATION | | | | | | | |
| As a trustee of ABA, I agree with and abide by the fundamental values that underpin all the activities of this organisation. These are: | | | | | | | |
| * I will not break the law or go against charity regulations in any aspect of my role of trustee. * I will support the mission and consider myself its guardian. * I will abide by ABA policies and procedures. * I will always strive to act in the best interests of the organisation. * I will declare any conflict of interest or any circumstance that might be viewed * by others as a conflict of interest as soon as it arises. * I will submit to the judgment of the board and do as it requires regarding * I will maintain confidentiality about what goes on in meetings and other * settings unless authorised by the Chair or board to speak of it. * I will support the Chair in his/her efforts to improve his/her leadership skills. * I will support the CEO in his/her executive role and, with my fellow board * members seek development opportunities for him/her. * I understand that a substantial breach of any part of this code may result in my * removal from the trustee board. * Should I resign from the board I will inform the Chair in advance in writing, * stating my reasons for resigning. | | | | | | | |
|  | | | | | | | |
| DECLARATION | | | | | | | |
| I declare that the information contained in this application form is a true statement. | | | | | | | |
| Signed: | | | | | Date: | | |

**EQUAL OPPORTUNITIES MONITORING INFORMATION**

We are an equal opportunities employer. All applicants are offered equal access to employment opportunities irrespective of their sex, marital status, disability or race. Our employment opportunities are open to all sections of the community. You will help us monitor the effectiveness of our policies if you complete the equal opportunities information carefully. It will only be used for monitoring and statistical purposes and will be treated confidentially.

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| --- | --- | --- | --- |
| Gender | Male [ ]  Female [ ]  Non-binary [ ]  Prefer not to say [ ] |  |  |
| Is your gender the same as you were assigned at birth? | Yes [ ]  No [ ]  Prefer not to say [ ] |  | |
| Ethnicity (cultural and ethnic origin) | Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Any other Asian or Asian British background [ ]  Mixed or multiple ethnic backgrounds [ ]  Please give details: | Caribbean [ ]  African [ ]  Any other Black, Black British or Caribbean background [ ] | White British [ ]  White European [ ]  Any other White background [ ] |
| Religion or belief | Hindu [ ]  Sikh [ ]  Jewish [ ]  Prefer not to say [ ] | Christian [ ]  Atheist [ ]  Other [ ] | Muslim [ ]  Buddhist [ ] |
| Do you have a disability or long-term health condition? | Yes [ ]  No [ ]  Prefer not to say [ ] |  | |
| Are you a carer? | Yes [ ]  No [ ]  Prefer not to say [ ] |  | |
| Do you have any sensory impairments? | Yes [ ]  No [ ]  Prefer not to say [ ] | If Yes, please specify:  Visual Impairments – Yes [ ]  Hearing Impairments – Yes [ ] | |
| Are you an ex-offender | Yes [ ]  No [ ]  Prefer not to say [ ] |  | |
| Sexual orientation | Heterosexual/straight [ ]  Bisexual [ ]  Gay [ ] | Lesbian [ ]  Asexual [ ]  Other [ ] |  |