Trustee Application Form

# Introduction

Thank you for your interest in joining the Trustee Board of the NHS Confederation. So that we can ensure our recruitment process is as open and transparent as possible, please fill in the following form and return to [governance@nhsconfed.org](mailto:governance@nhsconfed.org) before 5pm on Wednesday 8 June 2022.

As part of the NHS Confederation’s inclusive recruitment process our application forms are anonymised as much as possible. Section one of your form will be shared with the shortlisting panel. Sections two, three and four will be held confidentially by the Governance Team supporting the recruitment process.

Please refer to the Trustee Role description throughout when completing this form. Other useful reference documents may be the Charity Commission guidance on role of a Trustee and the Charity Governance Code.

If you have any queries or would like this form in a different format, please do get in touch.

### Section 1

1. **How will you use your background, skills, and experience to fulfil the role of Trustee and support the work of NHS Confederation?**

*Please tell us why you feel you are a suitable candidate for the role. Draw on your experience, skills and background taking into consideration the role description and person specification.*

Use no more than 500 words.

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|  |

1. **How would you help ensure the Board was effective and what would you prioritise?**

*Please set out in no more than 200 words what you would like to prioritise.*

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1. **Any additional information about your background, skills, experience, or approach to Boards which you think would help make you a suitable candidate.**

*Use this space to add any additional information you feel help demonstrate your suitability as a trustee*

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1. **Relevant employment and/or voluntary activity**

|  |  |  |
| --- | --- | --- |
| Name of Organisation | Dates | Position |
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### Section 2

**\*\*\*The information in Section Two is held confidentially by the Governance team and does not form part of the shortlisting process. Your name and phone number will be shared with the Chair of the Trustee Board if you are invited to interview\*\*\***

|  |  |
| --- | --- |
| Name |  |
| Preferred Name |  |
| Pronouns | She/Her  He/Him  They/Their  If you have another preference, please state: |
| Telephone Number |  |
| Email Address |  |
| Current Address |  |
| Where did you see the role advertised |  |

**References**

References are required to cover the previous two years and we require a minimum of two referees. Referees need to be someone you have directly reported to and include your most recent employer / place of voluntary work / place of education where possible.

|  |
| --- |
| Please continue on additional sheets if necessary. |
| Name:  Job Title:  Relationship to you:  Organisation:  Email:  Period this reference covers:  Can the referee be approached prior to interview? Yes / No  Name:  Job Title:  Relationship to you:  Organisation:  Email:  Period this reference covers:  Can the referee be approached prior to interview? Yes / No |

### Section 3

**\*\*\*The information in Section three is held confidentially by the Governance team but is an essential requirement for all trustees to be ‘eligible’. Additional checks may be taken if you are successful\*\*\***

**Confirmation of Eligibility**

Please mark an ‘X’ in the box next to each statement to confirm your eligibility.

|  |  |
| --- | --- |
| **Statement** | **x** |
| I am over the age of 18 |  |
| I have not been convicted of any of the following, or the conviction is spent (any unspent convictions for any of the offences must be declared):   * deception or dishonesty; * specified terrorism offences; * a specified money laundering offence (within the meaning of section 415 of the Proceeds of Crime Act 2002 4); * specified bribery offences (under sections 1,2,6 or 7 of the Bribery Act 2010 5); * the offence of contravening a Charity Commission Order or Direction (under section 77 of the Charities Act 2011); * offences of misconduct in public office, perjury, or perverting the course of justice; * contempt of court; * aiding, attempting or abetting the above offences |  |
| I am not an undischarged bankrupt; nor subject to an order made under section 429(2) of the Insolvency Act 1986; nor do I have an individual voluntary arrangement (IVA) to pay off debts with creditors |  |
| I have not previously been removed from trusteeship of a charity by a Court or the Charity Commission for misconduct or mismanagement |  |
| I am not under a disqualification order under the Company Director's Disqualification Act 1986, or any similar applicable legislation |  |
| I am not disqualified by a s72 order of the Charities Act from acting as a charity trustee |  |
| I am not on the sex offenders register |  |
| I am not a designated person under specific antiterrorist legislation |  |
| I will at all times seek to ensure the charity’s funds, and charity tax reliefs received by this organisation, are used only for charitable purposes |  |

### Section 4

**\*\*\*The information provided in section three will be held confidentially by Governance Team only\*\*\***

**Equality and Diversity Monitoring Form**

**The NHS Confederation** wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

Please return the completed form to [governance@nhsconfed.org](mailto:governance@nhsconfed.org) marked ‘confidential’.

**Gender**

Woman  Man  Intersex  Non-binary  Prefer not to say

If you prefer to use your own term, please specify here ………………

**Do you identify as Trans?** Yes  No  Prefer not to say

**Are you married or in a civil partnership?** Yes 🗆 No 🗆 Prefer not to say 🗆

**Age**

16-24 25-29  30-34  35-39 40-44  45-49

50-54  55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Prefer not to say

Any other Asian background, please write in: …………………………………….

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in: …………………………………….

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say

Any other mixed background, please write in: …………………………………….

***White***

British  Irish  European  Prefer not to say

Any other white background, please write in: …………………………………….

***Other ethnic group***

Arab  Chinese  Gypsy/Traveller  Prefer not to say

Any other ethnic group, please write in: …………………………………….

**Do you consider yourself to have a disability or health condition?**

You are classed as having a disability under the [Equality Act 2010](https://www.gov.uk/definition-of-disability-under-equality-act-2010) if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

Physical impairment  Sensory impairment

Mental health condition  Learning disability/difficulty

Long-standing illness or health condition  No disability  Prefer not to say

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Bisexual  Gay Man  Lesbian/Gay Woman  Heterosexual

Prefer not to say

If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

Non-Religious (e.g., Atheist or Humanist)  Buddhist  Christian  Hindu

Jewish  Muslim  Sikh  Prefer not to say

If other religion or belief, please write in ……………………………………………….….

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

**What is your flexible working arrangement?**

None  Flexi-time  Term-time hours  Annualised hours

Job-share  Compressed hours  Homeworking/Homebased

Prefer not to say

Other  If other, please write in: ……………………………………………….….

**Do you have caring responsibilities? If yes, please tick all that apply**

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

None  Prefer not to say