

REVIVAL WILTSHIRE RASAC

**Trustee Application Pack**

**Confidential : Trustee Skills Audit**

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| --- | --- | --- | --- |
| Name |     |  | **Special responsibilities as trustee**      |
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| D.O.B. |      |  |  |  |  |  |
| Date appointed |    |  | **Skills audit** | good | some | none |
| References |       |  | legal | [ ]  | [ ]  | [ ]  |
|  |       |  | fund raising | [ ]  | [ ]  | [ ]  |
|  |       |  | budgeting | [ ]  | [ ]  | [ ]  |
|  |       |  | persuading donors to give | [ ]  | [ ]  | [ ]  |
|  |  |  | networking | [ ]  | [ ]  | [ ]  |
| Home address |       |  | supervising staff | [ ]  | [ ]  | [ ]  |
|  |       |  | objective setting | [ ]  | [ ]  | [ ]  |
|  |       |  | business/strategic planning | [ ]  | [ ]  | [ ]  |
|  |       |  | motivating | [ ]  | [ ]  | [ ]  |
|  |       |  | recruitment | [ ]  | [ ]  | [ ]  |
|  |       |  | interviewing | [ ]  | [ ]  | [ ]  |
| Home Tel. No. |       |  | equal opportunities | [ ]  | [ ]  | [ ]  |
| Home e-mail |       |  | policy making | [ ]  | [ ]  | [ ]  |
|  |  |  | decision making | [ ]  | [ ]  | [ ]  |
| Work Address |       |  | chairing meetings | [ ]  | [ ]  | [ ]  |
|  |       |  | minute taking | [ ]  | [ ]  | [ ]  |
|  |       |  | delegating | [ ]  | [ ]  | [ ]  |
|  |       |  | giving feedback | [ ]  | [ ]  | [ ]  |
|  |       |  | team-working | [ ]  | [ ]  | [ ]  |
|  |       |  | management | [ ]  | [ ]  | [ ]  |
| Work Tel. No. |       |  | handling conflict | [ ]  | [ ]  | [ ]  |
| Work e-mail |       |  | promotion and PR | [ ]  | [ ]  | [ ]  |
|  |  |  | finances/accounting | [ ]  | [ ]  | [ ]  |
| Communication |  |  | writing funding applications | [ ]  | [ ]  | [ ]  |
| Preferred time  |       |  | handling the media | [ ]  | [ ]  | [ ]  |
| to contact |  | monitoring and evaluation | [ ]  | [ ]  | [ ]  |
| Home or Work |       |  | leadership | [ ]  | [ ]  | [ ]  |
| Address |  | time management | [ ]  | [ ]  | [ ]  |
| Phone/write/ |       |  | leasing business premises | [ ]  | [ ]  | [ ]  |
| e-mail |  | managing premises | [ ]  | [ ]  | [ ]  |
|  |  |  | health & safety | [ ]  | [ ]  | [ ]  |
| Additional |       |  | I.T /computer networks | [ ]  | [ ]  | [ ]  |
| Information |  | public speaking | [ ]  | [ ]  | [ ]  |
|  |  | data protection | [ ]  | [ ]  | [ ]  |
|  |  | organising events | [ ]  | [ ]  | [ ]  |
|  |  | volunteer management | [ ]  | [ ]  | [ ]  |
|  |  | insurance | [ ]  | [ ]  | [ ]  |
|  |  | specific knowledge of the client group | [ ]  | [ ]  | [ ]  |
|  |  | OTHER (Please specify below) |  |  |  |
|  |  |       |
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**EQUALITIES MONITORING FORM (for office use only)**

*THE SELECTION PANEL WILL NOT SEE THIS FORM. IT WILL BE USED ONLY FOR MONITORING PURPOSES.*

**EQUAL OPPORTUNITIES - STATEMENT OF INTENT**

Revival – Wiltshire RASAC is fully committed to the principles of equality and is responsible for ensuring that no job/voluntary placement applicants, employees, volunteers, members, trustees, partners or service users (together "Stakeholders") are unlawfully discriminated against because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation (together the "Protected Characteristics").

**Would you please assist us by providing the following information which will be treated as confidential but which will help us to monitor and implement our Equalities Policy. However, the success of your application will not be prejudiced by the information provided, or if you choose not to complete any part of this form.**

|  |  |
| --- | --- |
| Application for the post of: | **Trustee** |
| How did you hear about this post? |       |

|  |
| --- |
| **Personal Details:** |
| Age: | 16-24 [ ]  25-34 [ ]  35-44 [ ]  45-54 [ ]  55-64 [ ]  65+ [ ]  |
| Gender: | Male [ ]  Female [ ]  Prefer not to say [ ] Other (please specify if you wish)       |

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| **Sexual Orientation: Please tick against one of the following:** |
| BisexualGay Woman/Lesbian Prefer not to say  | [ ] [ ] [ ]  | Gay Man/HomosexualHeterosexual/straight Other (please specify if you wish) | [ ] [ ]       |

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| --- |
| **Ethnic origin: Please tick against one of the following:** |
| **Asian or Asian British**Bangladeshi IndianPakistaniAny other Asian background Please specify below if you wish      | [ ] [ ] [ ] [ ]  | **Mixed** Black and White CaribbeanBlack and White AfricanAsian and White Any other mixed backgroundPlease specify below if you wish      | [ ] [ ] [ ] [ ]  | **Chinese orOther ethnic group**ChineseAny other Please specify below if you wish      | [ ] [ ]  |
| **Black or Black British**AfricanCaribbeanAny other Black backgroundPlease specify below if you wish      | [ ] [ ] [ ]  | **White**BritishEnglishIrishScottishWelshAny other White backgroundPrefer not to sayPlease specify below if you wish      | [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |

**Disability: Please tick against one of the following:**

This information is provided for monitoring purposes only – if you need any reasonable adjustments you should arrange these separately.

Do you consider yourself to have a disability under the Equality Act 2010?

In the Act, a person has a disability if:

* they have a physical or mental impairment
* the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings

* 'substantial' means more than minor or trivial
* 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
* 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

Yes [ ]  No [ ]  Prefer not to say [ ]

Please describe the nature of your disability

|  |
| --- |
|       |

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| --- | --- | --- | --- |
| No religionBaha’iBuddhistChristianHinduJain | [ ] [ ] [ ] [ ] [ ] [ ]  | Jewish Muslim Sikh OtherPlease specify below if you wish     Prefer not to say  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |

**Religion or belief: Please tick against one of the following**

**Appointment of Trustees Application Form**

Appendix 9

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| --- | --- |
| **Name:** |  |
|  |  |
| **Address:** |  |
|  |  |
|  |  |
| **Tel:** |  |
| **Email:** |  |

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| --- | --- |
| 1. My reasons for seeking appointment as a Trustee are:
 |  |
| 1. What I feel I could contribute to the organisation (including any special skills such as financial, legal, personnel etc):
 |  |
| 1. I am a Member of Revival - Wiltshire RASAC and I confirm my support for the aims and ethos of Revival - Wiltshire RASAC.
 |
| 1. I have received a copy of the Trustee Induction Pack, including a copy of the Memorandum & Articles of Association, Charity Commission booklet ‘The Essential Trustee: What you need to know’ and I confirm that I am not disqualified from acting as a Trustee under Section 72 of the Charities Act 1993 for any of the reasons outlined in Charity Commission booklet above.
 |
| 1. I note that my appointment as a Trustee is subject to the receipt of a satisfactory Enhanced Disclosure from the Disclosure and Barring Service applied for through Revival - Wiltshire RASAC.
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| --- | --- | --- | --- |
| Signed: |       | Date: |       |

**Trustee Non-Disclosure Agreement**

Date:

Parties:

(the Recipient)

and

Revival – Wiltshire Rape and Sexual Abuse Centre a registered charity number 1102911 and Company Limited by Guarantee number 04717912 whose registered address is 30 Circus Mews Bath BA1 2PW (the Discloser)

1. The Discloser intends to disclose information (the Confidential Information) to the Recipient for the purpose of allowing the Recipient to attend Trustee meetings of Revival – Wiltshire Rape and Sexual Abuse Centre (the Purpose).

2. The Recipient undertakes not to use the Confidential Information for any purpose except the Purpose, without first obtaining the written agreement of the Discloser.

3. The Recipient undertakes to keep the Confidential Information secure and not to disclose it to any third party external to the Discloser.

4. The undertakings in clauses 2 and 3 above apply to all of the information disclosed by the Discloser to the Recipient, regardless of the way or form in which it is disclosed or recorded but they do not apply to: a) any information which is or in future comes into the public domain (unless as a result of the breach of this Agreement); or 1b) any information which is already known to the Recipient and which was not subject to any obligation of confidence before it was disclosed to the Recipient by the Discloser.

5. Nothing in this Agreement will prevent the Recipient from making any disclosure of the Confidential Information required by law or by any competent authority.

6. The Recipient will, on request from the Discloser, return all copies and records of the Confidential Information to the Discloser and will not retain any copies or records of the Confidential Information.

7. Neither this Agreement nor the supply of any information grants the Recipient any licence, interest or right in respect of any intellectual property rights of the Discloser except the right to copy the Confidential Information solely for the Purpose.

8. The undertakings in clauses 2 and 3 will continue in force indefinitely.

9. This Agreement is governed by, and is to be construed in accordance with, English law. The English Courts will have non-exclusive jurisdiction to deal with any dispute which has arisen or may arise out of, or in connection with, this Agreement.

Signed and Delivered as a Deed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the presence of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPLICATION FOR INDIVIDUAL MEMBERSHIP**

Revival – Wiltshire Rape and Sexual Abuse Centre is

a Charitable Company Limited by Guarantee

**OBJECTS**

To promote and protect the mental health of adults who have survived rape and/or sexual abuse at any time in their lives, their partners and children, primarily but not exclusively in Wiltshire, through the provision of a counselling, support, information and advice service; and to advance the education of the general public in the prevalence and effects of rape and childhood sexual abuse.

**To The Membership Secretary:**

I confirm that I am willing to promote the objects of Revival – Wiltshire Rape and Sexual Abuse Centre

|  |  |
| --- | --- |
| NAME |       |
| ADDRESS |       |
| TELEPHONE |       | EMAIL |       |
| SIGNATURE |       |

I enclose a cheque for £5 in respect of the Annual Subscription Fee. I understand that if for any reason my application should be declined by the Board of Trustees of Revival – Wilshire Rape and Sexual Abuse Centre this payment will be returned in full.

I would like to make a donation and have enclosed £      (this does not include the £5 membership fee)

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I am a UK Taxpayer and I wish all donations I make from the date of this declaration until I notify you otherwise to be tax-effective under the Gift Aid Scheme.

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| --- | --- | --- | --- |
| Signature: |       | Date: |      |

Notes: 1 You must pay an amount of income or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year.

1. If you pay tax at the higher rate, you can reclaim further relief on your Self Assessment tax return.

**Membership agreed/declined by The Board of Trustees on**

|  |  |  |
| --- | --- | --- |
| **Signed:** |       | **J Lymer – CHAIR** |