



REVIVAL WILTSHIRE RASAC

Trustee Application Pack

Confidential : Trustee Skills Audit

Name

D.O.B.

Date appointed

References

Home address

Home Tel. No.

Home e-mail

Work Address

Work Tel. No.

Work e-mail

Communication

Preferred time to contact

Home or Work Address

Phone/write/ e-mail

Additional Information

Special responsibilities as trustee

Skills audit **good** **some** **none**

legal			
fund raising			
budgeting			
persuading donors to give			
networking			
supervising staff			
objective setting			
business/strategic planning			
motivating			
recruitment			
interviewing			
equal opportunities			
policy making			
decision making			
chairing meetings			
minute taking			
delegating			
giving feedback			
team-working			
management			
handling conflict			
promotion and PR			
finances/accounting			
writing funding applications			
handling the media			
monitoring and evaluation			
leadership			
time management			
leasing business premises			
managing premises			
health & safety			
I.T /computer networks			
public speaking			
data protection			
organising events			
volunteer management			
insurance			
specific knowledge of the client group			
OTHER (Please specify below)			

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 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify if you wish)

Sexual Orientation: Please tick against one of the following:	
Bisexual <input type="checkbox"/>	Gay Man/Homosexual <input type="checkbox"/>
Gay Woman/Lesbian <input type="checkbox"/>	Heterosexual/straight <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>	Other (please specify if you wish)

Ethnic origin: Please tick against one of the following:		
Asian or Asian British	Mixed	Chinese or Other ethnic group
Bangladeshi <input type="checkbox"/>	Black and White Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Indian <input type="checkbox"/>	Black and White African <input type="checkbox"/>	Any other <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Asian and White <input type="checkbox"/>	Please specify below if you wish
Any other Asian background <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>	
Please specify below if you wish	Please specify below if you wish	
Black or Black British	White	
African <input type="checkbox"/>	British <input type="checkbox"/>	
Caribbean <input type="checkbox"/>	English <input type="checkbox"/>	
Any other Black background <input type="checkbox"/>	Irish <input type="checkbox"/>	
Please specify below if you wish	Scottish <input type="checkbox"/>	
	Welsh <input type="checkbox"/>	
	Any other White background <input type="checkbox"/>	
	Prefer not to say <input type="checkbox"/>	
	Please 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

Religion or belief: Please tick against one of the following

No religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Baha'í	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Please specify below if you wish	
Jain	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Appointment of Trustees Application Form**Name:** _____**Address:** _____

_____**Tel:** _____**Email:** _____

- (a) My reasons for seeking appointment as a Trustee are:
- (b) What I feel I could contribute to the organisation (including any special skills such as financial, legal, personnel etc):
- (c) I am a Member of Revival - Wiltshire RASAC and I confirm my support for the aims and ethos of Revival - Wiltshire RASAC.
- (d) 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.
- (e) 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.

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

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 – Wiltshire 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.

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.
 - 2 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