

**Application for Trustees**

Thank you for choosing to apply to be a Trustee at ihAg.

Please complete and return this form to Jools Ramsey at ihAg, The Chapman Centre, 1 Black Horse Lane, Ipswich, IP1 2EF in an envelope marked PRIVATE and CONFIDENTIAL or email to [jools@ihag.co.uk](mailto:jools@ihag.co.uk).

Please enclose your CV.

In line with our Equal Opportunity procedures, this page will be substituted with a reference number, and the monitoring form at the back will be removed, as soon as the application reaches this office. Short-listing will then be completed without reference to them.

|  |  |
| --- | --- |
| First Name: | Surname/Family name: |
| Home Address: | Home Number:  Mobile Number: |
| Email Address: | Advertisement location: |

[Reference Number:...........]

[Reference Number:...........]

**1. Please tell us about yourself and why you are interested in volunteering to be a Trustee (employment, volunteer record, life experiences etc.).** *Please only give skeleton details as there are opportunities later on to state your skills, interests, experience etc.*

**2. Please say why you are interested in being a Trustee of ihAg specifically.**

**3. What skills and experience can you bring to ihAg?**

*Please note that we want the Trustees to be made up of as wide a cross-section of people, cultures and experiences as possible. We are under-represented in the following areas:*

* *media*
* *public relations*
* *personnel*
* *service users*
* *careers*
* *health*
* *medical/psychiatric*
* *community work*
* *drug and alcohol*
* *business*

*But above all else, we are looking for responsible people with good common sense and a definite commitment to the welfare of single homeless people.*

**4. What are you hoping to gain from being a Trustee and what are you hoping to contribute as a Trustee?**

ihAg is committed to safeguarding and promoting the welfare of people with additional vulnerabilities, and expects all staff and volunteers to share this commitment. Please note that this post is subject to an enhanced DBS check.

ihAg is an equal opportunities employer and welcomes applications from all people with the relevant skills and experience irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality and ethnic or national origins), religion or belief, sex and/or sexual orientation.

Please indicate if you have any particular needs, such as wheelchair access, that we need to be aware of:

|  |
| --- |
|  |

Please give the names and addresses of two people who could provide a reference for you.

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Address: |  |  |
| Telephone No: |  |  |
| Email address: |  |  |
| Occupation: |  |  |
| Relationship to you: |  |  |

**Declaration**

To the best of my knowledge, everything I have written in this application is correct.

Signed ........................ Dated .....................

Please sign below, to indicate that you have no relationship of any type with anyone connected to ihAg in any way. If you do have a relationship to declare, then you must give details on a separate sheet of paper. Declaring such a relationship will not necessarily bar you from being considered for this post but you must inform us.

Signed ........................ Dated .....................

Please sign below to indicate that you are not on the list of those barred from working with children and adults with vulnerabilities, disqualified from work with children, or subject to sanctions imposed by a regulatory body and either have no convictions, cautions,or bind-overs, or have attached details of your record in a sealed evevelope marked confidential.

Signed ........................ Dated .....................



**Equal Opportunities**

**Monitoring Form**

Post: Trustee

Date: March 2023

Our Equality and Diversity at Work Policy is enclosed in the Job Pack and in order to ensure that it is effective, we need to obtain certain information. Your co-operation is sought in providing this. The information provided will only be used by ihAg for the purposes of measuring the effectiveness of our policy.

It will be treated in strictest confidence and will be detached from your application as soon as the application form reaches ihAg (as will the front page with your name etc on it, for short-listing). There will be no way of linking the information in this monitoring form to your application, and the information contained on this page will be used for statistical purposes only.

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Please tick the box that best describes the race you consider yourself to be: | | | | | | | | | |
|  | | | | | | | | | |
|  | Black |  | White |  | Mixed |  | Other |  |

|  |
| --- |
| If other, please specify ................................................................................................. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2. Similarly, for what you consider to be your ethnic origin: | | | | | | |
|  | | | | | | |
| Indian |  | Pakistani |  | Bangladeshi |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other Asian |  | Black Caribbean |  | Black African |  |
| (Non-Chinese) | | | | | | |
| Black (other) |  | Latin American |  | Chinese |  |
|  | | | | | | |
| White British |  | White Irish |  | White (other) |  |
|  | | | | | | |
| Other |  |  |  |  |  |

If other, please specify .................................................................................................

3. Please indicate your biological sex: Male Female

4. Please indicate which gender you identify as:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Male |  | Female |  | Non-Binary |  | Other |  |

5. Do you consider yourself to have a disability?

Yes No

6. Are you a Registered Disabled person?

Yes No

***Thank you for your co-operation.***