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| --- |
| **About You** |
| First Name |  | Surname |  |
| Title |  | Date of Birth |  |
| Nationality |  | Gender |  |
| Home Address |  |
| Tel No |  | E-mail  |  |
| Are you a trustee with any other charities? Please provide details below: |
|  |
| Do you have any accessibility needs which we would need to consider at interview? Please provide details below: |
|  |
| Please explain why you would like to become a trustee of the Gloucestershire VCS Alliance |
|  |

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| --- |
| Please indicate your current skills and experience below by ticking the relevant boxes below: |
|  | Frequent professional experience | Significant Experience | Some Experience | No experience |
| Charity Governance |  |  |  |  |
| Finance |  |  |  |  |
| Human Resources |  |  |  |  |
| Charity Law |  |  |  |  |
| Health & Safety |  |  |  |  |
| Marketing & Communications |  |  |  |  |
| Data Management |  |  |  |  |
| Fundraising |  |  |  |  |
| ICT |  |  |  |  |
| Leadership & Strategy |  |  |  |  |
| Risk Management |  |  |  |  |
| Mergers & Collaborative Working |  |  |  |  |
| Please list your career history and relevant experience below. Alternatively, you may attach a CV to this application |
|  |

**References**

Please provide details of two referees who we can contact in support of your application.

Referee 1:

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Telephone Number |  |
| Email |  |
| Your relationship to this person |  |

Referee 2:

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Telephone Number |  |
| Email |  |
| Your relationship to this person |  |

Thank you for completing an application. Please e-mail completed forms and additional documentation to matt.lennard@glosvcsalliance.org.uk