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| APPLICATION FORMOUTWARDBOARD MEMBER |
| Please complete this form, alternatively, **you can submit a CV covering your experience and qualifications and that covers the areas asked on the application form so we can judge how your experience is relevant to the competencies we are looking for.** **Please return the application form by email to** **recruitment@outward.org.uk** **or by hard copy marked Private and Confidential to:****Recruitment****Outward Housing****Newlon House****Daneland Walk****London****N17 9FE**  |
| SECTION 1: PERSONAL DETAILS |
| Title:Surname:Full First Names:Address: | Home Telephone No:Work Telephone No:Mobile:E-mail:May we ring you at work? YES/NO  |
| SECTION 2: EDUCATION & QUALIFICATIONSPlease give details of any qualifications that you feel are relevant to this position. A CV may be submitted for this section. |
| Schools / colleges | From: | To: | Examinations passed /qualifications obtained |
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| SECTION 3: EMPLOYMENT HISTORYPlease give details of your previous employment (start from the most recent). Detail all relevant experience including non-executive directorships, committee memberships and voluntary roles. A CV can be submitted for this section. |
| Name of organisation | From Month / year | ToMonth / year | Position and responsibilities |
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| SECTION 4: HOW YOU MEET THE CORE COMPETENCIES Using the Board Member Role Profile for additional guidance, please demonstrate your suitability for this role by providing information about relevant experience which shows the following: |
| **Experience: Please tell us about how you could use your experience to support the work of Outward and the wider Newlon Group** |
| **Care and Support Services: Please tells us about your knowledge and experience of social care and how you think an organisation like Outward can deliver excellent services.** |
| **Performance management: Give an example(s) or your ideas on how you have/could use your skills and knowledge to evaluate an organisation’s performance and engage and motivate others to deliver value for money and more effective services.** |
| **Please indicate any other relevant skills and experience that have not been mentioned elsewhere.** |

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| SECTION 5: REFERENCESPlease give names and addresses of two people, not relatives, to whom we may apply for current references. |
| Reference 1  | Reference 2 |
| Name:Occupation:Address:Email:Telephone no: | Name:Occupation:Address:Email:Telephone no: |
| Relationship: | Relationship: |

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| **Employee Name: Click here to enter text.** |
| **EQUAL OPPORTUNITIES MONITORING INFORMATION** |
| This information will be used solely for the purpose of monitoring the composition of our staff team and the effectiveness of the recruitment procedures in line with our Equal Opportunities and Diversity Policy. This information will be treated in the strictest confidence.**We are aware that the terminology used in monitoring forms often becomes dated quickly and in acknowledging this the terminology or content in this form is not intended to cause offence, however if this is the case, Outward’s HR department would appreciate your feedback so that we can reconsider our forms and any terminology used**. |
| GENDER |
| Male  |[ ]  Female |[ ]
| Transgender |[ ]  Other |[ ]
| ETHNIC ORIGIN (please tick the box which most closely related to you) |
| **White**  | **Mixed**  |
| British English |[ ]  White and Black Caribbean |[ ]
|  Scottish |[ ]  White and Black African |[ ]
|  Welsh |[ ]  White and Asian |[ ]
|  Irish |[ ]  Other Mixed background (please specify) |
| Other White background (please specify) |  |
|  | **Asian**  |
| **Black**  | Indian |[ ]
| Caribbean |[ ]  Pakistani |[ ]
| African |[ ]  Bangladeshi |[ ]
| Other Black background (please specify) | Other Asian background (please specify) |
| **Chinese**  | **Arab**  |  |
| Chinese  |[ ]  other |[ ]
| NATIONALITY BELIEF (Please state religious or other beliefs) |
| Click here to enter text. | Click here to enter text. |
| DISABILITY |
| Do you consider yourself to be disabled? | Yes [ ]  No [ ]  |
| Please indicate below which category your disability falls within  |
| Dyslexia |[ ]  Blind/partially sighted |[ ]
| Deaf/hearing impairment |[ ]  Wheelchair user/other mobility difficulties |[ ]
| Requires personal support |[ ]  Mental health disability |[ ]
| Unseen Disability (e.g. diabetes and epilepsy) |[ ]  Multiple disabilities |[ ]
| Other disability (please specify): Click here to enter text. | Do not wish to disclose information |[ ]
| HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION |
| Heterosexual |[ ]
| Gay Man |[ ]
| Gay Women/Lesbian |[ ]
| Bi-Sexual |[ ]
| If you would prefer to use your own term, please specify |[ ]
| Prefer not to say |[ ]
| DEPENDANTS (please state the relationship and date of birth of the people who are dependent on you) |
| Name: Click here to enter text. Relationship: Click here to enter text. Date of Birth: Click here to enter a date. |
| Name: Click here to enter text. Relationship: Click here to enter text. Date of Birth: Click here to enter a date. |
| EMERGENCY CONTACT DETAILS |
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| Name: Click here to enter text. | Relationship: Click here to enter text. |
| Address: Click here to enter text. |
| Post Code: Click here to enter text. | Contact number: Click here to enter text. |

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| ENHANCED DBS CHECK - Criminal Convictions |
| Do you have any criminal convictions? This includes spent convictions as for job roles that work directly with our social care customers, an Enhanced DBS (Disclosure and Barring Service) will be required and all convictions need to declare including spent ones under the Rehabilitation of Offenders Act 1974. Outward will pay for the check.Telling us about a criminal record may not necessarily prevent you from being offered a job. We may consider the type of offence, the time since it happened, your age at the time and any other relevant factors when we make a decision on whether to offer you a job.If you have any criminal convictions, please provide details with the job reference number, your name and contact details to the Head of HR at **recruitment@outward.org.uk** |
| Yes [ ]  | No [ ]  |
| DECLARATION |
| I declare that to the best of my knowledge the information given above is correct. |
| Signature ……………………………………………….. | Date Click here to enter a date. |
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