



PRIVATE AND CONFIDENTIAL

Please complete all sections in black ink or type
CV's will not be considered

Role	TRUSTEE	Application Candidate N^o <small>(for office use only)</small>	
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NAME			
ADDRESS			
EMAIL		PHONE	
OCCUPATION			

Please tell us about why you are interested in becoming a Trustee with Off the Record and indicate any experience, skills or interests that you feel you could contribute to the agency, e.g., marketing, fundraising, financial and business skills, administration and personnel, management, counselling and therapy, work with adolescents. *(please continue on an additional sheet as necessary)*

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STATEMENT BY APPLICANT

I confirm that to the best of my knowledge the information given on this form is true and correct.

Signed: _____

Date: _____



TRUSTEE DECLARATION OF ELIGIBILITY

I declare that I am not disqualified from acting as a charity trustee and that:

- I am aged 18 years or over
- I am willing to act as a trustee for the organisation named above.
- I undertake to fulfill my responsibilities and duties as a trustee of “Off the Record” Youth Counselling Croydon as specified in the Charity’s Memorandum and Articles of Association.
- I am capable of managing and administering my own affairs
- I am not subject to a disqualification Order under the Criminal Justice and Court Services Act 2000 and I am not disqualified under the Protection of Vulnerable Adults List.
- I do not have any financial interests in conflict with those of “Off the Record” Youth Counselling Croydon (either in person or through family or business connections) except those that I have formally notified in a conflict of interest statement. I will specifically notify any such interest at any meeting where trustees are required to make a decision that affects my personal interests and I will absent myself entirely from any decision on the matter or not vote on it
- By completing this form, I declare that I am **not** prevented from acting as a trustee because I:
 - Have an unspent conviction for one of more of the offences listed here*
 - Have an IVA (Individual Voluntary Arrangement), debt relief order and/or a bankruptcy order
 - Have been removed as a trustee in England, Scotland or Wales (by the Charity Commission Office or Office of the Scottish Charity Regulator)
 - Have been removed from being in the management or control of any body in Scotland (under relevant legislation)
 - Have been disqualified by the charity commission
 - Am a disqualified company director
 - Am a designated person for the purposes of anti-terrorism legislation
 - Am on the sex offenders register
 - Have been found in contempt of court for making (or causing to be made) a false statement
 - Have been found guilty of disobedience to an order or direction of the Charity Commission

Name			
Signed		Date	



EQUALITY & DIVERSITY MONITORING FORM

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“Off the Record is committed to ensuring that all aspects of its services are accessible to all sections of the community. In order to monitor the implementation of our equal opportunities policy, all volunteers, management committee members and staff are asked to complete the details below. Completion of all or any part of this form is voluntary but we hope that you will feel able to provide the information requested as this is central to our monitoring procedures. These forms will not be used in any selection process and are strictly for monitoring purposes only.

Role	TRUSTEE	Application Candidate N^o <small>(for office use only)</small>						
Initials		Date of Birth						
Gender (Please tick all that apply)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Trans <input type="checkbox"/> Intersex <input type="checkbox"/> Please write in _____							
How would you identify yourself in relation to your cultural, ethnic or racial origin? (Please tick any of the boxes below that apply)								
<table border="0"> <tr> <td style="vertical-align: top;"> <p>White</p> <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other</td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other</td> </tr> <tr> <td style="vertical-align: top;"> <p>Mixed</p> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White Other</td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Chinese</td> <td style="vertical-align: top;"> <input type="checkbox"/> Any Other Background</td> </tr> </table>			<p>White</p> <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other	<p><input type="checkbox"/> Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	<p>Mixed</p> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White Other	<p><input type="checkbox"/> Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any Other Background
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<input type="checkbox"/> Chinese	<input type="checkbox"/> Any Other Background							
How would you describe your sexual orientation? (Please tick one)								
<input type="checkbox"/> Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Asexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Please write in _____								
Are you registered disabled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Registration Number						
If you are not registered disabled, do you consider yourself disabled in a way you would like us to know about?								