|  |
| --- |
| **Section 1 – Personal Details Not used during shortlisting** |

|  |  |
| --- | --- |
| **How did you find out about this post:** |  |

|  |  |
| --- | --- |
| **Title:** | Dr. / Mr / Mrs / Miss / Ms  |
| **Surname:** |  |
| **Forename (s):** |  |
| **Address:** |  |
|  |  |
| **Postcode:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home No:** |  | **Work No:** |  |
| **Mobile No:** |  |  (If it is convenient for contacting you) |

|  |  |
| --- | --- |
| **E-mail Address:** |  |

The Rehabilitation of Offenders Act 1974 Guidance Notes

Because of the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. PCP uses the Disclosure and Barring Service checks, Trustee positions within PCP usually require a Disclosure.

**Criminal Conviction**

Due to the nature of PCP’s work, a Standard or Enhanced Disclosure and Barring Service check is usually carried out on all Trustees. Under section 4 (2) of the Rehabilitations of Offenders Act 1974 (Exception Order 1975) all spent convictions must be declared.

Have you been convicted in any court of any offence? **Yes / No**

**If yes, please give details of the offence(s) including dates:**

|  |
| --- |
|  |

**Section 2 – Education & Training**

PCP reserves the right to request copies of official certificates prior to confirmation of appointment, please do not attach certificates to the application.

**Education – Highest qualification attainment level only**

Please provide only the details of your highest qualification attainment, i.e. Level in business management. **Your full education history is not required.**

|  |  |  |  |
| --- | --- | --- | --- |
| **School, College or University** | **Qualifications** | **Subject** | **Grade** |
|  |  |  |  |

**Relevant Specialised Training or Courses**

Please provide a brief overview of anything you feel is relevant to the role. **Your full training record is not required.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Provider** | **Type of Training/Course** | **Accredited Yes/No** | **Qualification Achieved** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Current Studies** | **Level/Part** |
|  |  |

**Technical or Professional Membership/Qualification**

Please provide a brief overview of anything you feel is relevant to the role. **Your full membership record is not required.**

|  |  |
| --- | --- |
| **Institute** | **Grade of Membership** |
|  |  |

**Section 3 – Current or most recent work experience**

|  |  |
| --- | --- |
| **Name of Employer:** |  |
| **Employers Business:** |  |

|  |  |
| --- | --- |
| **Present post/ Job Title:** |  |

**Duties and Responsibilities of your current or most recent post** (include information relevant to the person specification)

|  |
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|  |

**Section 4 – Previous work experience relevant to this role**

|  |  |
| --- | --- |
| **Name of Employer:** |  |
| **Employers Business:** |  |

|  |  |
| --- | --- |
| **Job Title:** |  |

**Brief description of duties**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Name of Employer:** |  |
| **Employers Business:** |  |

|  |  |
| --- | --- |
| **Job Title:** |  |

**Brief description of duties**

|  |
| --- |
|  |

**Section 5 – Voluntary experience**

|  |  |  |
| --- | --- | --- |
| **Organisation Name & Address**  | **Area of Activity** | **Detail Responsibilities** |
|  |  |  |

**Section 6 – Referees**

Please provide details of **two** references who will be able to comment on your suitability as a Trustee. **Please note references will be sought prior to interview unless stated.**

**Referee 1:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
| **Postcode:** |  |
| **E-mail:** |  |
| **Capacity known** |  |
| **Contactable Prior to Interview?** | YES/NO |

**Referee 2:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
| **Postcode:** |  |
| **E-mail:** |  |
| **Capacity known** |  |
| **Contactable Prior to Interview?** | YES/NO |

**Section 7 – Supporting Statements**

**Please provide a short paragraph explaining your reasons for applying to be a Trustee with PCP**

|  |
| --- |
|  |

**How do you feel you meet the experience, skills, knowledge of a PCP Trustee (Page 9 of the recruitment pack)? Please feel free to provide examples from your previous experience and skills.**

|  |
| --- |
|  |

**How do you feel you meet the personal qualities of a PCP Trustee (Page 9 of the recruitment pack)? Please feel free to provide examples from your previous experience and skills.**

|  |
| --- |
|  |

**Is anything else you feel is relevant to the volunteer roles of PCP Trustee? i.e. any details of other interests or voluntary work where relevant**

|  |
| --- |
|  |

**Section 8 – Declaration Not Used For Shortlisting**

I confirm that all the information given by me on this form is correct and accurate:

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

Completed application forms can be returned either by post to:

PA Team

Pioneering Care Partnership

Carers Way

Newton Aycliffe

County Durham

DL5 4SF

Or by e-mail to pa@pcp.uk.net

**There is no closing date. PCP reserves the right to close this volunteer opportunity without notice.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| mindful employer | Investors in People Gold award | Disability Confident Employer  | ISO 9001  | ISO14001 |

Pioneering Care Partnership Registered Charity No. 1067888

Company Registered in England No 3491237 V.A.T Registration No 708 1680 37

Registered office: Pioneering Care Centre, Carers Way, Newton Aycliffe, County Durham DL5 4SF