TRUSTEE APPLICATION FORM



CYCALL is committed to safe recruitment practice as an important part of safeguarding and protecting children and vulnerable adults.

(Please complete and return via email to cycallworthing@gmail.com or by post to Martine Walters, 11 St Andrews Close, Ferring, Worthing, West Sussex)

Personal Details	
Title:	
First name(s):	
Last name:	
Known as:	
Date of Birth:	
Address:	
Postcode:	
Mobile Number:	
Emergency	
Contact Details:	
Email address:	
Previous Address	
(If you have been	
at this address for	
less than 5 years	
Trus	stee/Volunteer Experience. Have you been a Trustee/Volunteer before?

	Area O	f Expertise	Please cir	cle all that apply	
Financial/Acco	ounting	Social Media	a Eve	ent Management	Website/IT
Management	Human Re	esources	Legal	Practical (Re	pairs/Maintenance)
Governance (Leadership)					
Management	Human Re		•	·	pairs/Maintenance)

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Please tell us why you would like to become a Trustee
Please tell us how you heard about CYCALL
CYCALL Website [] Event [] Twitter [] Community Works [] Facebook [] Other Newspaper [] Existing Participant []
Present/previous occupation and what skills, knowledge, experience or abilities do you have that maybe relevant to this role?
Do you have any health issues or disabilities that we may need to consider when matching you to a
volunteer role?
Do you have any convictions, cautions, reprimands or warnings?
(Please disclose any convictions, cautions, warnings, reprimands and previous or pending investigations as these will all appear on DBS checks)

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Have you ever been dismissed from a voluntary role? Yes/No

Please supply details of 2 referees who have known you for at least 2 years.				
Name				
Address				
Relationship (i.e. friend/neighbour/employer			
Email Address	S			
Name				
Address				
Relationship (i.e. friend/neighbour/employer			
Email Address				
	ommunicate with you?			
	keep in touch with important updates			
_	o be contacted, you can change this a	t any time. Likewise, please do let u	s know if your	
contact details	cnange.			
I am hanny to b	pe contacted via: (tick all that apply)			
т апт парру ю і	be contacted via. (tick all triat apply)			
Email				
Post				
Telephone				

DATA PROTECTION STATEMENT

CYCALL will process and be in control of the data provided on this form.

The information which you provide in this form and any other information obtained or provided during the course of your volunteering with us ("the information") will be used for the purpose of assessing your suitability for roles, in emergency situations e.g. to protect life or in a medical situation, and in relation to relevant interests of CYCALL.

If you choose not to volunteer, the information will be retained for a further 6 months in the event of a more suitable opportunity arising, after which time it will be destroyed.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

Text

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If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your voluntary role. So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

I declare that:

Plea	ase t	ick	each	sta	temen	t wh	nic	h appl	ies:
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- □ I am over age 18.
- I am not an undischarged bankrupt.
- □ I have not previously been removed from trusteeship of a charity by a Court or the Charity Commission.:
- □ I am not under a disqualification order under the Company Directors' Disqualification Act 1986. I have not been convicted of an offence involving deception or dishonesty (unless the conviction is spent).
- □ I am, in the light of the above, not disqualified by the Charities Act 1993 (section 72) from acting as a charity trustee.
- □ I undertake to fulfil my responsibilities and duties as a trustee of CYCALL in good faith and in accordance with the law and within CYCALL's objectives/core purpose and Code of Conduct for trustees.
- □ I do not have any financial interests in conflict with those of CYCALL (either in person or through family or business connections) except those that I have formally notified in a conflict of interest statement
- Use I will specifically notify any such interest at any meeting where trustees are required to make a decision which affects my personal interests, and I will absent myself entirely from any decision on the matter and not vote on it.

Signed:	Date:
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