**TRUSTEE APPLICATION FORM**

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| **Name** |  | | | | | |
| **Home Address** |  | | | | | |
| **Telephone** | Home |  | | Mobile |  | |
| **E-mail** |  | | | | | |
| **Occupation** |  | | | | | |
| **Qualifications** |  | | | | | |
| **Which of the following skills or experience could you bring to the Board?** | *Please indicate against each relevant area whether it is your principal skill, by writing ‘P’, or a secondary skill where you have experience, by writing ‘S’.* | | | | | |
|  | | P/S |  | | P/S |
| Experience of education sector | |  | Business development | |  |
| Financial / accounting | |  | Marketing | |  |
| Fundraising | |  | ~~PR~~ / communications | |  |
| Legal | |  | Advocacy | |  |

Please indicate against each of the following broad categories how you think your own skills and experience would enable you to fulfill the role of a Trustee as described above in the Job Description. You may also want to enclose a CV with this application.

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| **Key skills** | **Narrative** |
| 1. **Commitment to the aims and vision of CPCC** |  |
| 1. **Interpersonal** |  |
| 1. **Teamwork** |  |
| 1. **Communication** |  |
| 1. **Drive and determination** |  |
| 1. **Strategic perspective** |  |
| 1. **Intellectual and technical ability** |  |
| 1. **Leadership** |  |
| 1. **Experience** |  |
| 1. **Agreement with SEEN Statement of Faith (see information pack)** |  |

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| **Why do you wish to become a Trustee of a SEEN?** |

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| **Are you a member of a local church?**    YES / NO | If yes, please give name and address of your church:   St Stephens Church, Twickenham |

**A DBS check is required for this position. Are you willing to give consent for this?** YES / NO

Please supply e-mail and telephone contact details for two referees. One of these should be your church minister/pastoral leader and the other someone who has known you for several years.

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| Name: | Name: |
| Relationship to you: | Relationship to you: |
| Address: | Address: |
| Tel: | Tel: |
| Email: | Email: |
| Preferred time to take a telephone call: | Preferred time to take a telephone call: |

Applicant’s signature: Date:

Please return this form to:

Marianne Kiermayr ([marianne.kiermayr@seen.charity](mailto:marianne.kiermayr@seen.charity) )

SEEN, 306 Richmond Road, Twickenham, TW1 2PD