  **APPLICATION FORM**

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| **Position Applied for Trustee** |  |

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| **ABOUT YOU** | |
| **SURNAME** |  |
| **FIRST NAME(S)** |  |
| **ADDRESS** |  |
| **POSTCODE** |  |
| **TELEPHONE NO.** | **Preferred:** **Alternative:** |
| **EMAIL ADDRESS** |  |
| **Existing PVG Reference No.** |  |

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| **SKILLS & EXPERIENCE** | |
| **EMPLOYMENT HISTORY** |  |
| **QUALIFICATIONS** |  |
| Please describe what has attracted you specifically to S.M.I.L.E. Counselling as opposed to other charitable organisations, and what particular areas do you feel your experience could contribute to? **(350-500 words)** | |
| What previous experience do you have of working within the 3rd Sector, and what significant contributions have you made?  If no previous 3rd Sector experience, what experience do you have of working collaboratively towards a significant goal? **(350-500 words)** | |
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| **REFERENCES** | |
| Please provide contact details, including email address, of 2 referees: | |
| Referee 1  Capacity: | Referee 2  Capacity: |
| Phone :  Email : | Phone :  Email : |

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| **Declaration**  **I certify that all of the information I have given in correct and complete.**  **I understand that this data will be held by S.M.I.L.E Counselling in accordance with GDPR.**  **SIGNATURE:** **DATE:** |

Please email the completed application form to: [ian@smilecounselling.org.uk](mailto:ian@smilecounselling.org.uk)