

Application Form – Board Member

Post applied for:	
Where did you see the vacancy advertised:	
Last Name:	First Name:
Full Home Address:	Email Address:
Mobile Number:	Home Telephone:
PVG Membership Number (if applicable):	

Why would you like to become a director for DGMHA? What attracts you?			
What skills or qualities will you bring to DGMHA's board of directors?			
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Have you been a director before? (If yes, please provide detail)</td> <td style="width: 30%; text-align: center; vertical-align: top;">YES</td> <td style="width: 30%; text-align: center; vertical-align: top;">NO</td> </tr> </table>	Have you been a director before? (If yes, please provide detail)	YES	NO
Have you been a director before? (If yes, please provide detail)	YES	NO	

Employment or Volunteering Experience
PREVIOUS EMPLOYER OR VOLUNTARY ORGANISATION
Name:
Address:
Contact details:
Dates (from – to):
Position held:
Brief description of duties and responsibilities:
Reason for leaving:
Notice required:

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Contact details:
Dates (from – to):
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Brief description of duties and responsibilities:
Reason for leaving:
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References

You are required to provide us with the details of 2 Referees, one of whom will ideally be from your current/most recent employer or voluntary organisation. **Note: References will not be accepted from family or friends.** References will not be requested until 2 board meetings are attended as an observer and only if you are being considered for engagement.

Present or Most Recent Employer or Voluntary Organisation:

Name:

Position:

Contact Number:

Email Address:

Second Referee:

Name:

Position:

Contact Number:

Email Address:

I hereby consent to DGMHA contacting the above Referees post observing two board meetings

Print Name: _____

Signature: _____

Date: _____

Eligibility to work in the UK

Nationality:

Place of Birth:

Passport Issued by (Country):

Passport No:

If Non UK or EU National, do you have indefinite leave to remain in UK:

YES

NO

Driving		
Do you have a current and valid driving license?	YES	NO
Other Employment		
Do you have any other work commitments?	YES	NO
Availability Per Week		
Approx how many hours per week would you like to volunteer for:		
Disability Assistance		
Do you need assistance / reasonable adjustments for attending board meetings:		
If Yes, please provide details:	YES	NO
Relations		
Do you have any relatives currently working within DGMHA or part of the board of directors?		
YES	NO	
Do you know anyone who currently works for the association or part of the board of directors?		
YES	NO	

General Data Protection Regulation (GDPR)
<p>Except to the extent, we are required or permitted by law, the information which you provide in the application form and any other information obtained or provided during the course of your application (“the information”) will be used solely for the purpose of assessing your suitability for engagement by DGMHA. If your application is successful, the information will form part of your personnel file and we will be entitled to process it for all purposes in connection with your engagement. So that we may use the information for the above purposes and in the above terms, we are required under GDPR to obtain your explicit consent. Accordingly, please confirm your consent below.</p> <p>I hereby confirm my consent to the above personal information being used solely for the terms outlined in this application form.</p> <p>Name (Print): _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>I also confirm that the information provided on this application form is true and complete to the best of my knowledge and belief. I understand that providing false information may lead to the immediate withdrawal of an offer of engagement as a volunteer.</p>

Name (Print): _____

Signature: _____

Date: _____

Please note: The following page on **Criminal Records** must be completed by all applicants but may be returned in a separate envelope to preserve confidentiality and will only be opened by the HR Manager as part of our recruitment process.

Criminal Record

This page should be returned as part of your application, may be sealed in a separate envelope

The post you are applying for is considered to be 'Regulated Work with Protected Adults' as specified the Protection of Vulnerable Groups (Scotland) Act (2007). Successful applicants will be required to join the PVG Scheme and provide a Scheme Record or undergo a PVG Scheme update if they are already a member.

It is exempt from the provisions of Rehabilitation of Offender's Act 1974 and it is a legal requirement that all convictions and cautions are disclosed (spent and unspent including driving disqualifications).

We will fully comply with the Disclosure Scotland Code of Practice and undertake to treat all applications for this post fairly. It undertakes not to discriminate unfairly against any subject of a disclosure on the basis of a conviction or other information revealed.

Having a criminal record will not necessarily bar you from employment.

Please provide details of any Spent or Unspent convictions: (Date/Court/Offence/Disposal)

Please provide any details of any pending convictions:

Declaration:

I understand that the role I am applying for is exempt from the provisions of Rehabilitation of Offender's Act 1974 and I confirm that I am not barred from the relevant regulated work group (Protected Adults).

I understand that providing false information may lead to the immediate withdrawal of any offer of a voluntary position with DGMHA

Name (Print): _____

Signature: _____

Date: _____