### **Application Form**

(Please type or complete in black ink)

**Post Applied for: Board Director**

Closing Date:

1. **Personal Details**

Surname:

First name:

Address:

Postcode:

Home Telephone Number:

Mobile Number:

Email:

1. **Employment / Volunteering**

Current Position:

Current Employer / Organisation:

Work Phone Number:

What other volunteering commitments do you currently have?

1. **Experience and Skills**

Please tick the areas of expertise/contribution you feel you can make to further the mission of Disability Equality Scotland:  
**(Please attached your CV detailing your relevant experience to this position.)**

Credible spokesperson

Governance

The Equality Act 2010

Access Audits

Financial, especially charity accounting

Equal Opportunities

Fundraising

Marketing

Media / PR

Policy Implementation

Political and parliamentary

Housing / Property

Please list here any other additional skills / expertise you can contribute:

1. **Boards and Committees**

Please list below any boards or committees you serve on or have served on:

Organisation:

Role/Title:

Date of Service:

Organisation:

Role/Title:

Date of Service:

Organisation:

Role/Title:

Date of Service:

1. **About You**

Do you have a disability or long-term health condition?

Yes  No

What experience do you have working with disabled people?

Why are you interested in serving as a Board member for Disability Equality Scotland?

How do you feel Disability Equality Scotland would benefit from your involvement on the Board?

Please share any other information you feel important for consideration of your application to serve as a Disability Equality Scotland Board member:

1. **Protection of Vulnerable Groups (PVG)**

The successful candidate will be subject to membership of the Protection of Vulnerable Groups Scheme. Confirmation of appointment will be conditional on the satisfactory outcome of this process

1. **Guaranteed Interview Scheme**

Disability Equality Scotland will offer a guaranteed interview to candidates with a disability who meet the criteria for this post.

Do you wish to be considered for a guaranteed interview?

Yes  No

Do you have any support needs which we should be aware of?

Yes  No

If yes, please provide details of any assistance you require.

1. **Agreement**

By signing below, I agree that the information I have provided is true and correct. Additionally, my signature represents my agreement to the following statements:

* I understand and agree to Disability Equality Scotland’s Board of Directors Expectations;
* I agree to abide to the Policies, Procedures and Bylaws of Disability Equality Scotland’s Board;
* and I understand that if conflicts prevent me from performing the rules and expectations as a Board Member, I may be removed from the Board by a majority vote.

Full Name:

Signed:

Date:

**Thank you very much for applying**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Board Use only:**

Nominee interviewed by Board of Directors Date:

Nominee proposed to the Board Date:

Elected  Rejected Date: