

**Application for Wesport Non-Executive Independent Trustee role**

The information you provide on this form will be used as the basis for shortlisting and selection. You are advised to read all the background information carefully and ensure that you complete the form as fully as possible. The Trustee job description provides you with information about the role and all the skills, experience, personal qualities and qualifications needed to carry it out.

Please enclose your C.V and any other relevant information to support your application.

Please return your application to Sandy Hinks, Moon Executive Search @ sandyhinks@moonexecsearch.com

**Personal Contact Information**

|  |  |
| --- | --- |
| Title:       | First name:  |
| Surname:       | Middle names:        |
| Address:  |
|  | Postcode:       |
| E-mail:       | Mobile no.:       |
| Home telephone no.:       | Work telephone no.:       |

**Character References**

Please provide the details of two character references. Please do not include family members or friends.

|  |
| --- |
|  **First referee**  |
|  Name (including title):       |  | Position:       |
|  Address:       |  | e-mail address:       |
|  | Telephone no.:       |
|  |
|  **Second referee**  |
|  Name (including title):       |  | Position:       |
|  Address:       |  | e-mail address:       |
|  | Telephone no.:       |
|  |

**Additional information**

Please give reasons why you wish to apply for the role of Wesport non-executive independent Trustee. Give details of any experience or training you have had which you consider to be relevant, together with any other information you wish to add in support of your application. When doing so please refer to the role description and personal specification.

|  |
| --- |
|       |

Signature:       Date:

Please PRINT name:

By sending this application form to Moon Executive Search by e-mail in the absence of this signature you should note that the e-mailing of this application constitutes your personal certification that the details in this application are correct.

**Equal opportunities in employment**

The information on equality and diversity that you are asked to provide in your application (i.e. gender, ethnic origin, disability etc) is detached from your application upon receipt and will not be used as part of the selection process.

This information will be treated in the strictest confidence and will only be used to help Wesport monitor the effectiveness of its Equality & Diversity work in this area.

Please ensure you complete your date of birth as well as your age.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Gender**: | [ ]  Female: | [ ]  Male: |  [ ]  Other: |   [ ]  Prefer not to say: | Age | Date of birth: |
|  |  |
|  |
| Is your gender identity different to the gender you were assigned at birth: |
|  [ ]  Yes: |  [ ]  No: |  [ ]  Prefer not to say: |

**Nationality and ethnicity**

|  |  |
| --- | --- |
| What is your nationality? |  |

In addition, please mark one box below to describe your ethnic group:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | White – British | [ ]  | White - Irish | [ ]  | Other White background |
| [ ]  | Black or Black British – African | [ ]  | Black or Black British – Caribbean | [ ]  | Other Black background |
| [ ]  | Asian or Asian British – Bangladeshi | [ ]  | Asian or Asian British –Indian | [ ]  | Asian or Asian British – Pakistani |
| [ ]  | Other Asian background | [ ]  | Mixed – White and Asian | [ ]  | Mixed – White and Black African |
| [ ]  | Mixed – White and Black Caribbean | [ ]  | Other Mixed background | [ ]  | Other ethnic background |
| [ ]  | Chinese | [ ]  | Prefer not to say |  |  |

**Disability**

*\*Please read the definitions overleaf before completing this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do you consider yourself to be disabled?  |  [ ]  Yes  |  [ ]  No |  [ ]  Prefer not to say |
| 2. Do you meet the Disability Discrimination Act 1995 and DDA 2005 definition of disability?  |  [ ]  Yes |  [ ]  No |  [ ] Prefer not to say |

3. If you answered Yes to either question please tick below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Specific learning disability *(such as dyslexia or dyspraxia)* | [ ]  | General learning disability*(such as Down’s Syndrome)* | [ ]  | Cognitive impairment *(such as autistic spectrum disorder or resulting from a head injury)* |
| [ ]  | Long standing illness or health condition *(such as cancer, HIV, diabetes, chronic heart disease or epilepsy)* | [ ]  | Mental health condition *(such as depression or schizophrenia)* | [ ]  | Physical impairment or mobility issues *(Such as difficulty using arms or using a wheelchair or crutches* |
| [ ]  | Deaf or serious hearing impairment | [ ]  | Blind or serious visual impairment | [ ]  | Other type of disability |
| [ ]  | Prefer not to say |  |  |  |  |

**Guidance on completing the questions on disability**

Wesport recognises that there are two definitions of disability; the social model of disability and the definition of disability under the Disability Discrimination Act 1995 and DDA 2005.

Question 1 refers to the social model of disability definition, this definition describes a disabled person as someone who has an impairment and experiences externally imposed barriers which disables them, or who self identifies as a disabled person.

Impairments are long-term characteristics of an individual that affect their functioning and/or appearance. Many people who have an impairment or ill health would not consider themselves to be disabled. Impairment covers both physical and mental impairments and includes sensory impairments, learning disabilities and mental illness. Some disabilities may not be immediately obvious, such as diabetes or depression.

Question 2 refers to the Disability Discrimination Act definition. A person has a disability under the Disability Discrimination Act 1995 and DDA 2005 if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities (for example, lifting and carrying or mobility).

A long-term adverse effect means the effect has lasted, or is expected to last for 12 months. A long-term adverse effect include those which are likely to reoccur; e.g. if it is likely to reoccur at least once within the 12 month period following the last occurrence.

Please answer questions 1 and 2 by ticking yes or no or if you prefer not to say you should tick the relevant box. If you answer yes to either or both of the first two questions then please also answer question 3.