

BHN Trustee APPLICATION FORM

PRIVATE & CONFIDENTIAL

Please contact BHN if you need any support completing this form.

How did you learn about this position?.....

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Title: Mr/Mrs/Miss/Ms/Other _____

Address (inc Postcode): _____

Contact Numbers: Daytime: _____ Evening: _____

Email: _____

COMMUNITY/VOLUNTARY EXPERIENCE

Please provide details of any community/voluntary experience and any other Board or Committee Membership. Please include any positions held and membership of other organisation's boards.

PROFESSIONAL QUALIFICATIONS/RELEVANT EDUCATION

Please provide details of relevant training, education or membership of professional bodies

PRESENT EMPLOYMENT / VOLUNTARY ROLE (If applicable)

Role Title:	
Employer/Organisation Name:	
Location:	
Nature of Business:	
<u>Relevant Work / Professional / Volunteer Experience:</u> (Please attach a CV if you feel it's relevant)	

ADDITIONAL RELEVANT INFORMATION

Please indicate how your experience/interest/skills fulfill the Board member person specification (please continue on a separate sheet if necessary). Please tell us why you want to be a Trustee of BHN and your experience and interests in supporting people who are seeking asylum.

Are you aware of any potential conflicts of interest which would affect your role as a Trustee

If yes, please give details.

Have you had any serious illness or disability which could affect your role as a Trustee ?

Yes • No • (If yes, please explain)

Have you ever been declared bankrupt or entered into an individual voluntary agreement? (IVA).

Yes • No • (If yes, please explain)

REHABILITATION OF OFFENDERS ACT 1974

Please give details below of any convictions or charges outstanding of all offences (or alleged offences). If you inadvertently disclose a conviction, which is regarded as "spent", it will be ignored (do not include parking offences)

DATA PROTECTION ACT 1988

This information or data which you have supplied on this form will be processed and held on computer and will be used for recruitment and selection purposes only.

I confirm that, to the best of my knowledge, the information contained on this form is accurate.

Signature:

Date:

Please return this application to:

contact@bhn.org.uk or

Bristol Hospitality Network, c/o Easton Family Centre, Beaufort Street, Easton, Bristol, BS5 0SQ