

## TRUSTEE APPLICATION FORM

### PRIVATE & CONFIDENTIAL

Please return this form to: Miss Jodie Cook – Personnel Officer  
CPC, Bradbury House, View Road, Cliffe Woods, Rochester, Kent, ME3 8UJ.

### PERSONAL DETAILS

<b>Surname:</b>	<b>Forenames:</b>	<b>Title:</b>	<b>Name known by:</b>
<b>Address:</b>			
<b>Daytime Contact Number:</b>		<b>Home Telephone:</b>	
<b>Mobile Telephone:</b>		<b>E-mail Address:</b>	
<b>Date Of Birth:</b>		<b>Gender:</b>	
<b>Nationality:</b>		<b>Marital Status:</b> (Please delete as appropriate) Single / Cohabiting / Married / Divorced / Separated / Widowed / Undisclosed	
<b>Employment Status:</b> (Please delete as appropriate) Employed / Student / Training / Seeking Work / Unemployed / Retired / Undisclosed		<b>Relevant Association with CPC:</b>	

### EDUCATION HISTORY

Please complete in full from secondary school up to and including all further education: continue on a separate sheet if necessary.

FROM - TO	NAME & ADDRESS OF SCHOOLS/COLLEGES/UNIVERSITYS	QUALIFICATIONS GAINED

If you are employed please could you complete the table below with your current details; continue on a separate sheet if necessary.

FROM – TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES

If you are a student or training please could you complete the table below with your current details?

FROM – TO	NAME & ADDRESS OF EDUCATIONAL ESTABLISHMENT	COURSE	DUTIES

### **LEISURE INTERESTS**

Please note your leisure interests, hobbies, sports, and other pastimes.

### **HEALTH DETAILS**

Are you disabled YES/NO.? If YES, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

### **CRIMINAL RECORD**

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state.

### **OTHER INFORMATION**

Please note any other information you feel relevant.

### **YOUR REFERENCES**

Please note here the names and address of two persons from whom we may obtain professional references.

1.	2.
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### **DECLARATION**

Please read this carefully before signing this application.

**1. I confirm that the above information is complete and correct and that any untrue or misleading information will give CPC the right to terminate my membership with immediate effect.**

Signed:

Dated:

**GIFT AID DECLARATION**

A Gift Aid Declaration enables us as a charity (registered number: 1041434) to claim from the Inland Revenue the income tax on your subscription - a way to help CPC at no cost to yourself.

I confirm I am a UK tax payer and that I wish Cerebral Palsy Care (Kent) to treat any subscription paid by me and any further payment/donation I make while a member as a Gift Aid Donation. Please sign below if this applies to you and you agree to it.

Full Name in capitals: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTES: You must pay an amount of UK income tax or capital gains tax equal to the tax we reclaim on your donation. Only one taxpayer per household may sign. This declaration can be cancelled by notice in writing to the Membership Secretary at the address mentioned on page 1.

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**LIABILITY DECLARATION**

I understand that Cerebral Palsy Care (Kent) is a company limited by guarantee and that in the event of it being wound up while I am a Member, or within 1 year of my ceasing to be a Member, I may be asked to contribute a sum not exceeding £1.00 towards any debts. If my application is accepted, I hereby consent to be a Member and to abide by the rules and regulations of the Charity. (For organisation/business applicants the subject of this paragraph is the organisation or business, not the individual signing on its behalf).

I / We certify that the above named representative was approved at a meeting of the above named organisation held on \_\_\_\_\_. (Please send a copy of the minutes confirming this).

Signed: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Position: \_\_\_\_\_ (Chair/Secretary/Other please state)

**FOR OFFICIAL USE ONLY**

Rejection: Y / N      Acceptance: Y / N      New File: Y / N      Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_      Name: \_\_\_\_\_      Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EQUAL OPPORTUNITIES POLICY

CPC are an equal opportunities employer. The aim of our policy is to ensure that no trustee receives less favourable treatment on the grounds of race, colour, creed, nationality, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, disability and age, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All persons are given equal opportunity and are encouraged to progress within the organisation and encouraged to put forward their ideas to enable CPC to provide a continuing good service.

CPC are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, trustees are asked to provide the following information:-

I would describe my ethnic origin, nationality and sex as:-  
(Please circle as appropriate)...

White Black-Caribbean Black African Black-Other (Please Specify) .....

Indian Pakistani Bangladeshi Chinese Other (Please Specify) .....

Nationality: .....

Gender (Please Circle): Male/Female

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

## **CONFIDENTIALITY**

As a trustee of CPC Kent, there may be certain things you will hear or information you may be given during the course of your membership which is confidential, for example; financial information, staff, volunteers, members or client information and the like.

If you are, for instance, travelling on a bus or train, and speak of a member of staff or client by name, you are breaking a confidence – it could be that the member did not wish anyone to know that he/she is attending the centre.

The rule of confidentiality does not only apply to staff, volunteers, members and clients. It extends to the fact that you may well overhear a colleague speaking to a friend (commonly known as gossip) – you will again be breaking the code of confidentiality.

**AS A MEMBER OF A CARING TEAM NEVER SPEAK OF ANYTHING YOU LEARN AT WORK, OUTSIDE OF THE WORK ENVIRONMENT.**

Confidentiality is: -

1. All information that:
  - (a) is or has been acquired by you during, or in the course of your time as a trustee, or has otherwise been acquired by you in confidence
  - (b) relates particularly to our business, or that of other persons or bodies with whom we have dealings of any sort
  - (c) has not been made public by, or with our authority

shall be confidential, and (save in the course of our business or as required by law) you shall not at any time, whether before or after the termination of your role as a trustee, discuss such information to any person without our written consent.

2. You are to exercise responsible care to keep safe all documentary or other material containing confidential information, and shall at the time of termination of your role as a trustee with us, or at any other time upon demand, return to us any such material in your possession.

### **Read & Understood By:-**

Name: ..... Position: .....

Signature: ..... Date: .....

## **DATA PROTECTION**

All trustees must be aware of the 'The Data Protection Act' 1984. CPC will provide any training necessary to fully comply with this legislation. It is each individual's responsibility to ensure that they fully understand the terms of legislation.

The 'Data Protection Act' of 1984 is concerned with the automatic processing of information about any living persons (personal data) and gives the rights to those individuals who are the subject of any of this information. Obligations are in place from the data user in respect of the personal information it processes or causes to be processed on its behalf of third party.

The objectives of this act are outlined in the following principles.

- Personal data held on all trustees is kept in a lockable filing cabinet.
- Personal data held for any purposes shall not be used or disclosed only on a need to know basis, for example; the Personnel Officer, General Manager and Executive Committee has access to your information.
- Personal data and information shall be obtained and processed fairly and lawfully.
- Personal data shall be held only for a specified and lawful purpose.
- Personal data held for any purpose shall be adequate, relevant and not excessive in relation to its purpose.
- Personal data shall not be kept longer than necessary for such purposes.
- Personal data should be accurate and where necessary kept up to date.

The Act's most significant requirement is that all data users, individuals or companies must register with the Data Protection Register.

Trustees must be made aware of the Data Protection Act and the principle on which it is based.

Trustees must not access, process or disclose any personal data other than is necessary within the terms of CPC.

### **Read & Understood By:-**

Name: ..... Position: .....

Signature: ..... Date: .....

## MEDICAL QUESTIONNAIRE

Your Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

As a result of the information you have given, CPC may request permission to approach your GP for any further information as necessary.

<b>Have you ever:</b>	<b>No</b>	<b>Yes</b>	<b>Please give details...</b>
1. Had an operation?			
2. Been seriously injured?			
3. Received in-patient treatment or a physical or mental condition?			
4. Been refused or dismissed from employment for health reasons?			
5. Received a disability pension?			
6. Been made ill by your work?			
7. Been refused a driver's licence because of ill health?			

<b>Have you suffered from:</b>	<b>No</b>	<b>Yes</b>	<b>Please give details...</b>
1. Heart Trouble			
2. High Blood Pressure			
3. Rheumatic Fever			
4. Lung Trouble			
5. Shortness Of Breath			
6. Asthma			
7. Hayfever			
8. Chest Trouble			
9. Frequent Cough			
10. Stomach Trouble			
11. Period Or Prostate Problems			
12. Back Trouble			
13. Swelling Of Legs Or Ankles			
14. Varicose Veins			
15. Rupture			
16. Arthritis			
17. Nerve Trouble			
18. Ear Trouble			
19. Eye Trouble			
20. Frequent Headaches			
21. Fainting/Dizziness			
22. Diabetes			
23. Jaundice			
24. Anaemia			
25. Epilepsy Or Fits			

<b>Do you:</b>	<b>No</b>	<b>Yes</b>	<b>Please give details...</b>
1. Take medicine regularly?			
2. Need glasses to read?			
3. Have you ever had a head injury?			
4. Have you worked in a dusty trade?			
5. Suffer from any other ailments?			

To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and the information is inaccurate – I am liable to dismissal.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_