



 **22 – 24 Lombard Street Telephone: (028) 90328811**

 **BELFAST Website:** [**www.belfasthealthycities.com**](http://www.belfasthealthycities.com)

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 **BT15 2GB**

**APPLICATION FORM BOARD MEMBER**

**All information supplied on this form will be treated in the strictest of confidence**

**Return date: Monday 10 January 2022**

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| **SECTION 1: PERSONAL DETAILS** |

SURNAME: FORENAME:

ADDRESS:

POSTCODE:

CONTACT TELEPHONE NUMBERS:

HOME: MOBILE:

EMAIL ADDRESS:

Do you have a disability that would require reasonable adjustments to be made to facilitate an interview/meeting? YES/NO

If yes, please give details:

Given the current pandemic, would you prefer to have a zoom meting? YES/NO

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| **SECTION 2: CURRENT EMPLOYMENT DETAILS** |

Please supply details of your current employer or if now retired/unemployed, please give details of your most recent/previous employer.

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| **EMPLOYER****NAME & ADDRESS** | **POSITION HELD AND BRIEF OUTLINE OF DUTIES** |
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| **SECTION 3: OTHER DIRECTORSHIPS** |

**Please give details of any other relevant Directorships, Boards, Voluntary Organizations, and Committees, Councils or professional bodies with which you are or have been involved over the past five years.**

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| **SECTION 4: QUALIFICATIONS & MEMBERSHIPS** |

**Please include details of all relevant professional, technical or management qualifications.**

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| **COLLEGE / UNIVERSITY / PROFESSIONAL OR TECHNICAL ASSOCIATIONS** | **SUBJECT / COURSE** | **GRADE OR LEVEL OF MEMBERSHIP** |
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| **SECTION 5: SKILLS, KNOWLEDGE AND EXPERIENCE** |

**Please use this section to provide evidence of how your skills, knowledge, experience and/or qualifications meet the requirements of this advertisement.**

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| ***Serving as Board member:******Facilitating meetings:******Speaking at public events:******Knowledge & understanding of voluntary sector in NI:******Knowledge & understanding of the public & political infrastructures in NI:***  |
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| **SECTION 7: REFEREES**  |

**Please give full details of two people that we can approach for references.**

**Name: Occupation:**

**Address: Telephone:**

**Postcode:**

**Email:**

**Name: Occupation:**

**Address:**

**Postcode:**

**Email:**

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| **SECTION 8: DECLARATIONS**  |

Please complete and sign the following declaration.

I hereby certify that:

* All of the information given by me on this form is correct to the best of my knowledge.
* All questions relating to me have been accurately and fully answered.
* I possess all of the qualifications, which I claim to hold.
* I have read and, if appointed, am prepared to accept the conditions set out in the Role Description.

**SIGNED: DATE:**

**Please return by Monday 10 January 2022 to** **caroline@belfasthealthycities.com**