



Supporting Chartered Accountants since 1886

Office Use Only

APPLICATION FORM NO:

Date received:

Confidential Trustee Application Form

IMPORTANT: Please complete this form in black ink or electronically. If there is insufficient space for requested information, please continue on separate sheets of paper, including your name at the top of the paper.

Section 1

Position Applied For: CABA Trustee

Media

Please specify source/publication, quoting reference number if you saw the vacancy in a newspaper advertisement:

Reference No:

Section 2 – Personal Details

Title:

Forenames:

Surname:

Address:

Postcode

Membership of Institute

FCA

ACA

Other:

Membership Number:

Home Telephone No:

Work Telephone No:

Mobile Telephone No:

E-mail address:

Section 3 – Your Experience and Qualifications In Relation to the Trustee Role

Using the information provided in the pack, please tell us how your previous experience meets the criteria for the role

Please continue on a separate sheet if necessary

Section 4 – Why do you want to be a Trustee?

Please continue on a separate sheet if necessary

Section 5 – What skills and experiences do you feel you can bring to this role?

Please continue on a separate sheet if necessary

Section 6 – What do you think the key challenges will be in this role?

Please continue on a separate sheet if necessary

Section 7 – The Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)

Having a criminal record will not necessarily be a bar to obtaining a position with CABA

Have you been convicted of any criminal offences or received a police caution or warning? Yes No

If yes, please provide details of the conviction(s) in a sealed envelope, attached to this application. The envelope will be returned to you, unopened, if your application is unsuccessful.

If you are selected, you will be required to apply for an Enhanced Disclosure Certificate from the Criminal Records Bureau. Any failure to disclose information when asked for could result in subsequent removal, if you were appointed.

Section 8 – Declaration

I confirm that the information provided on this application form is accurate and correct.

Print name:			
Signed:		Date:	

RETURNING THIS FORM

By Hand or Post: Kath Haines CABA 8 Mitchell Court Castle Mound Way Rugby Warwickshire CV23 0UY	By E-Mail: recruit@caba.org.uk Enquiries: Telephone: 01788 556375 Website: www.caba.org.uk
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Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please complete this section of the application form.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

<p>A. White</p> <p>White British <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>White Eastern European <input type="checkbox"/></p> <p>Any other White background <input type="checkbox"/></p> <p>Please give details:</p>	<p>D. Black or Black British</p> <p>Black Caribbean <input type="checkbox"/></p> <p>Black African <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p> <p>Please give details:</p>
<p>B. Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Any other Mixed background <input type="checkbox"/></p> <p>Please give details:</p>	<p>E. Chinese or other ethnic group</p> <p>Chinese <input type="checkbox"/></p> <p>Vietnamese <input type="checkbox"/></p> <p>Any other ethnic background <input type="checkbox"/></p> <p>Please give details:</p>
<p>C. Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>Please give details:</p>	<p>F. I do not wish to provide this information <input type="checkbox"/></p>

Gender

Male Female Transgendered Prefer not to say

Age Group

16-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>
46-55 <input type="checkbox"/>	56-65 <input type="checkbox"/>	65+ <input type="checkbox"/>

Disability

The Disability Discrimination Act, 1995, states that a person is disabled if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. By this definition, do you consider yourself to be disabled or having a long-term condition?

Yes No Prefer not to say