



Application Form



# ELUSEN AMBIWLANS AWYR CYMRU WALES AIR AMBULANCE CHARITY

## Trustee Application Form

Title	<input type="text"/>
First Name(s)	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
E-mail Address	<input type="text"/>
Daytime Tel No	<input type="text"/>
Evening Tel No	<input type="text"/>
Mobile Tel No	<input type="text"/>



## Application Form

1. Please give details of your present/most recent employer.

2. Have you been a Charity Trustee before?    Yes            No

3. Why do you want to become a Trustee?

4. Which of the following skills or experience could you bring to the board?

Please indicate against each relevant area whether it is your Principle skill, by writing 'P', or a secondary skill where you have experience, by writing 'S'.

Human Resources

Business Management

Financial/Accounting

Marketing/PR

Fundraising

Communications

Buildings/Facilities Management

Health and Social Care

Cultural

Legal

Please elaborate on information given above (including any membership to professional bodies)



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5. Please give further details of any personal qualities, skills, experience and knowledge that you think would make you a good Trustee.

*(Knowledge and experience can be through paid employment or voluntary/participatory activities)*

*(attach additional pages if necessary)*



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6. Have you or anyone you know ever used services provided by Wales Air Ambulance?

Yes      No

7. Have you (or an organisation that you have worked for) ever worked in partnership with Wales Air Ambulance?

Yes      No

8. Trustee eligibility checklist

Yes      No

Are you over the age of 18 years?

Have you ever been convicted of any offence involving dishonesty or deception?

Have you been convicted of a crime and sentenced to imprisonment within the last 5 years?

Are you an undischarged bankrupt or have made a composition or arrangement with, or granted a trust deed for, your credits?

Have you ever been disqualified from being a company director?

Have you been removed from the office of charity trustee or trustee for a charity by an Order made by the Charity Commissioners of the High Court on the grounds of any misconduct or mismanagement?



Application Form

9. Conflict of Interests

Yes

No

Have you, or any organisation you are a member of, represent or have a pecuniary interest in ever been a beneficiary of Wales Air Ambulance?

Have you, a family member, or your employer, undertaken work for or supplied goods or services to Wales Air Ambulance?

*(If yes please give details)*

Please list any other potential conflicts of interest that you are aware of

*(Note: conflicts of interest will not necessarily prevent you from being a trustee)*



Application Form

10. Please give details of two referees (other than relatives) whom we can apply to for a reference

Referee 1

Full Name

Address

Post Code

Contact No

Connection to you

Permission to contact prior to interview?    Yes            No

Referee 2

Full Name

Address

Post Code

Contact No

Connection to you

Permission to contact prior to interview?    Yes            No



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11. Are you willing to apply for a criminal records bureau check (or ISA equivalent)?

Yes      No

12. Declaration of willingness to be appointed

I declare that the information supplied on this application form is true and accurate, and authorise you to contact the two referees previously named for any further information you may require in relation to my application.

Print Name

Date

Signed

Please email this form to **CEO@walesairambulance.com** or post it to

**Angela Hughes, Chief Executive**

**Wales Air Ambulance**

**Tŷ Elusen**

**Ffordd Angel**

**Llanelli Gate, Dafen**

**Llanelli**

**SA14 8LQ**

*Personnel use only*