

Hope for Southall Street Homeless

Registered Charity No. 1164674

St Anselm's Rectory, the Green Southall, Middx UB2 4BE



APPLICATION FORM

Personal Information

Title	
First and additional names	
Last name	
Address:	
Postcode	
Preferred telephone number *	
Email *	
Emergency Contact (Name, relationship to you & contact details)	

*This indicates that you are happy to be contacted in this way.

Role

I AM APPLYING FOR A PARTICULAR ROLE AS ADVERTISED.

ROLE APPLIED FOR: HON. TREASURER

SKILLS, EXPERIENCE AND PERSONAL QUALITIES

Please describe your relevant education, skills and experience.

A. Further and / or Higher Education

Institute	Dates	Course	Qualification

B. Employment: please enter your employment details

Employer	Dates	Role	Reason for leaving

Please add any further relevant employment details on a separate sheet

C. Skills and experience

Skill and experience	Substantial	Limited/ none

D. Please describe the personal qualities which you think will contribute to your taking this role with Hope for Southall Street Homeless.

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Personal qualities

Becoming a Trustee

The role of Treasurer with Hope for Southall Street Homeless will include becoming a Trustee with the charity. You may be familiar with the expectations and requirements of a Trustee; if not, you are recommended to have a look at the guidance on the Charity Commission website: www.gov.uk/government/organisations/charity-commission and the document The Essential Trustee: what you need to know, what you need to do (CC3). There

is much more detail than you will need for the purpose of making an application, though you may find it helpful to have an idea of the scope of the responsibilities

REFEREES

Please provide the names and addresses of two people who would be willing to provide a reference for you. We would expect that at least one of your referees to have known you in a professional capacity. Your second referee can know you in a community or voluntary capacity and both referees to have known you for at least two years. Family members cannot be offered as referees. We will be contacting the people you detail below for the purpose of obtaining a reference for you. You must seek permission from your referees, in advance of providing their contact details for the purpose of providing a reference. Please confirm below for each referee, that you have obtained their consent.

Referee 1	
Name and capacity in which the person knows you	
Full address (including postcode)	
Telephone number	
Email address	
I confirm that consent has been obtained from the referee, to provide their name and contact details, for the purpose of providing a reference for this specific role.	<input checked="" type="checkbox"/> <input type="checkbox"/> please tick to confirm
Referee 2	
Name and capacity in which the person knows you	
Full address (including postcode)	
Telephone number	
Email address	
I confirm that consent has been obtained from the referee, to provide their name and contact details, for the purpose of providing a reference for this specific role.	<input checked="" type="checkbox"/> <input type="checkbox"/> please tick to confirm

REHABILITATION OF OFFENDERS ACT 1974

This voluntary role may involve from time to time having access to vulnerable adults at risk. You are then required to obtain a Disclosure and Barring Service check. This role description means that the role is exempt from the Rehabilitation of Offenders Act; in other words, in this role you are not entitled to withhold information even if you have convictions which would ordinarily be considered to be “spent”.

Before you take up a voluntary position with access to adults at risk you will be asked to disclose any previous, existing or pending convictions or cautions. This will be in addition to completing a Disclosure and Barring Service check.

Possession of a conviction or caution will not necessarily mean that you will not be able to take up this role. Each case will be considered individually.

If you fail to disclose any criminal convictions or cautions, including those “spent”, it could result in you not being able to this voluntary role.

PRIVACY STATEMENT

The information that you provide on this form will be processed in accordance with the General Data Protection Regulation 2018, the Data Protection Act 2018 and our privacy policy which you can read in full at www.hopeforsouthallstreethomeless.org.uk . This form will be held securely, confidentially, will not be shared with third parties and will be retained in accordance with our record retention schedule.

I give my permission for the details on this form to be stored on a database for the purpose of monitoring and improving the effectiveness of HSSH’s work through volunteers.

DECLARATION

I understand that providing misleading or false information may disqualify me from this position.

Signature:

Date:

Please return this form to: John Murphy – john.murphy@hssh.org.uk

Or by post

to: John Murphy, 13 Pullman Mews, Grove Park, London SE12 0EA